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Parts I and II
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AFSC 4N0X1

AEROSPACE MEDICAL SERVICE SPECIALTY

Master

Basic

Senior

**CAREER FIELD
EDUCATION AND TRAINING PLAN**

CAREER FIELD EDUCATION AND TRAINING PLAN

AFSC 4N0X1

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AEROSPACE MEDICAL SERVICE SPECIALTY
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CAREER FIELD EDUCATION AND TRAINING PLAN

PART I

Preface

1. This Career Field Education and Training Plan (CFETP) is a comprehensive education and training document that identifies the legal scope of practice within the Air Force Medical Service, life-cycle education/training requirements, training support resources, and core task requirements for this specialty. The CFETP will provide personnel a clear career path to success and will instill rigor in all aspects of career field training. The clear expectation is that Aerospace Medical Service Specialty personnel be utilized to the full extent of their knowledge/task certification. Using guidance provided in the CFETP will ensure individuals in this specialty receive effective and efficient training at the appropriate point in their career.
Note: Civilians occupying associated positions will use Part II to support duty position qualification training.

2. Initial skills training requirements were identified during the Aerospace Medical Service Specialty Utilization and Training Workshop, held 3-14 April 2000 and 15-19 October 2001 at Sheppard AFB, Texas. The decision to train specific tasks and knowledge items in the initial skills course is based on a review of Occupational Survey Report (OSR) data, Training Requirements Analysis (TRA) data, and 4N0X1/4F0X1 subject-matter expert (SME) input.

3. The CFETP consists of two parts. Formal course developers and field supervisors use both parts of the plan to plan, manage, and control training within the career field.

3.1. **Part I** contains five sections that provide information necessary for overall management of the specialty. The 4N0X1 CFM has directed that Part I of this CFETP be kept in the Individual Training Record (6-part folder).

3.1.1. **Section A** explains the purpose for and how everyone will use the plan.

3.1.2. **Section B** identifies career progression information pertaining to the specialty description, skill level progression, training decisions, Community College of the Air Force information, and the career field path.

3.1.3. **Section C** explains the purpose and training requirements for each skill level.

3.1.4. **Section D** indicates resource/training constraints such as funds, manpower, equipment, facilities, etc.

3.1.5. **Section E** is reserved for use as a transitional training guide for merging career fields.

Note: AFMAN 36-2108, Airman Classification, contains specialty descriptions.

3.2. **Part II** contains six sections. At the unit level, supervisors and trainers use Part II to identify, plan, and conduct training commensurate with the overall goals of this plan.

3.2.1. **Section A** contains the Specialty Training Standard (STS). A proficiency code key is used to identify qualitative requirements for appropriate knowledge and task competency required for each skill level. The STS specifies tasks, knowledge, and technical references used to support training and core tasks, a designated area to document on-the-job training (OJT) certification, proficiency codes used to indicate training/information provided by Air Education and Training Command (AETC) courses, USAF School of Aerospace Medicine (USAFSAM) courses and tasks identified as having a Qualification Training Package (QTP) requirement.

3.2.2. **Section B** contains information on how to obtain a listing of course objectives used in formal training courses. Supervisors can use this information to determine if airmen have satisfied training requirements.

3.2.3. **Section C** identifies available Qualification Training Packages (QTPs) that have been developed and are mandatory for use to support OJT.

3.2.4. **Section D** contains a training course index that supervisors can use to determine resources available to support training. Included here are both mandatory and optional courses.

3.2.5. **Section E** is used to identify MAJCOM unique training requirements.

3.2.6. **Section F** is specific to medical AFSCs and provides guidance on required documentation in the Enlisted Training and Competency Folder.

ABBREVIATIONS/TERMS EXPLAINED

Advanced Training (AT). A formal course designed to train selected career airmen at the advanced level of an Air Force Specialty for a technical or supervisor-level AFS.

Air Force Career Field Manager (AFCFM). Responsible for the development, implementation, and maintenance of the CFETP, among other responsibilities, within the AFS.

Air Force Job Qualification Standard/Common Job Qualification Standard (AFJQS/CJQS). A comprehensive task list that describes a particular job type or duty position. They are used by supervisors to document task qualifications. The tasks on the AFJQS/CJQS are common to all persons serving in the described duty position.

Air Reserve Components (ARC). Air Force Reserve Command (AFRC) and Air National Guard (ANG) components and their members.

Allocation Curves. The relation of hours of training in different training settings to the degree of proficiency which can be achieved on specified performance requirements.

Career Development Course (CDC). A published training course designed to provide the information necessary to satisfy the career knowledge requirements for a particular skill level of specialty.

Career Field Education and Training Plan (CFETP). A comprehensive, multipurpose document encapsulating the entire spectrum of education and training for a career field. It outlines a logical growth plan that includes training resources and is designed to make career field training identifiable, to eliminate duplication, and to ensure this training is budget defensible.

Certification. A formal indication of an individual's ability to perform a task to required standards.

Core Task. Tasks the AFCFM identifies as minimum qualification requirements within an AFSC, regardless of duty position. Core tasks may be specified for a particular skill level or in general across the AFSC. Guidance for using core tasks can be found in the applicable CFETP narrative.

Course Objective List (COL). A publication, derived from initial/advanced skills course training standards, identifying the tasks and knowledge requirements, and respective standards provided to achieve a specific skill level in this career field. Supervisors use the COL to assist in conducting graduate evaluations in accordance with AFI 36-2201, *Developing, Managing and Conducting Training*.

Distance Learning. Training that is conducted where the instructor and student are geographically separated. Some examples of distance learning are Career Development Courses (CDCs) and Computer Based Instruction (CBI).

Enlisted Specialty Training (EST). A mix of formal training (technical school) and informal training (on-the-job) to qualify and upgrade airmen in each skill level of a specialty.

Field Technical Training (Type 4). Special or regular on-site training conducted by a field training detachment (FTD) or by a mobile training team.

Go/No Go. In OJT, the level at which an individual has gained enough skill, knowledge, and experience to perform the tasks without supervision.

Immunization Augmentee (IA). Medical (4XXXX) personnel trained to assist with mass military immunizations programs such as anthrax and influenza. The IA will work under the supervision of a 4N0X1A or Immunization Back-up Technician.

Immunization Back-Up Technician (IBT). 4N0X1 trained to administer immunizations in the Immunizations clinic, Primary Care Teams, in support of mobility processing lines or whenever immunizations need to be given. IBTs are not qualified nor will they administer allergy and related immunotherapy treatments.

Initial Skills Training. A formal in-residence training course which results in award of a 3-skill level AFSC.

Instructional System Development (ISD). A deliberate and orderly, but flexible, process for planning, developing, implementing, and managing instructional systems. ISD ensures personnel are taught, in a cost efficient way, the knowledge, skills, and attitudes essential for successful job performance.

Major Command (MAJCOM) Functional Manager. A person appointed as the senior representative for an AFS within a specific MAJCOM. Among other responsibilities, MAJCOM Functional Managers work with the AFCFM to develop, implement, and maintain the CFETP.

Master Task List (MTL). Document maintained within the work center that identifies all tasks performed in the work center. This includes core, critical, position qualification, and wartime tasks. This document can be automated.

Master Training Plan (MTP). A comprehensive training plan for a work center. It will include the MTL, QTPs, AFJQS, CFETP, task breakdowns, commercial publications and any other document that supports training.

Medical Treatment Facility (MTF). Any USAF facility (area medical center, regional hospital, clinic, or other medical unit) that provides health care to active duty members and their dependents, or retired military members and their dependents. MTFs are also locations where patient care training is conducted.

Occupational Survey Report (OSR). A detailed report showing the results of an occupational survey of tasks performed within a particular AFS.

On-the-Job Training (OJT). Hands-on, over-the-shoulder training conducted to certify personnel in both upgrade (skill level award) and job qualification (duty position certification) training.

Optimal Training. The ideal combination of training settings resulting in the highest levels of proficiency of specified performance requirements within the minimum time possible.

Phase II Training. Formerly called clinical training, this type of training is a continuation of a formal resident course that provides airmen with realistic hands-on experience before beginning on-the-job training at the permanent duty location.

Qualification Training (QT). Hands-on performance training that subject-matter experts design to qualify an airman in a specific position. This training occurs both during and after upgrade training to maintain up-to-date qualifications.

Qualification Training Package (QTP). An instructional package designed for use by supervisors and trainers to qualify or aid qualification in a position, on a piece of equipment, or on a performance item identified for competency verification. QTPs establish performance standards and are designed to standardize skills verification and validation of task competency. Tasks that have a QTP requirement are identified in the STS. A complete listing of all available QTPs is included in **Part II, Section C**. They are obtained through normal publication channels and the schoolhouse website: https://webm.sheppard.af.mil/882trg/383/2content.html. A list of all training courses to support education and training, to include QTPs, is in Part II, Sections C and D, respectively, of this CFETP.

Representative Sites. Typical organizational units having similar missions, weapon systems or equipment, or a set of jobs, used as a basis for estimating average training capacities and costs within the Training Impact Decision System (TIDES).

Resource Constraints. Resource deficiencies, such as money, facilities, time, manpower, and equipment, that preclude desired training from being delivered.

Scope of Practice. The extent or range of subject knowledge, task knowledge, and task performance that AEROSPACE MEDICAL SERVICE SPECIALTY personnel apply in the performance of duty at the appropriate skill level. Procedures to request a Scope of Practice Waiver are outlined in AFI 44-119, *Clinical Performance Improvement*.

Skills Training. A formal course that results in the award of a skill level.

Special Experience Identifier (SEI). A three-number code that identifies special experience and training not otherwise identified in the personnel data system.

Specialty Training Standard (STS). An Air Force publication that describes an Air Force Specialty in terms of tasks and knowledge, which an airman in that specialty may be expected to perform or to know on-the-job. It further serves as a contract between Air Education and Training Command, USAF School of Aerospace Medicine (USAFSAM) and the functional user to show which of the overall training requirements for an Air Force Specialty code are taught in formal schools and correspondence courses. It also specifies the level of proficiency the individual is trained to in each formal course. A chart that explains qualitative requirements accompanies the STS to assist course developers and field supervisors in determining the actual definition of each level of prescribed proficiency.

Standard. An exact value, a physical entity, or an abstract concept, established and defined by authority, custom, or common consent to serve as a reference, model, or rule in measuring quantities or qualities, establishing practices or procedures, or evaluating results. A fixed quantity or quality.

Sustainment Training. Recurring training required to maintain skills of a qualified individual to perform the duties required by the 4N0X1 AFSC. **NOTE**: Refer to the Fort Dietrick website for AFSC specific readiness skills training. https://warmed.detrick.army.mil

Task. An observable and measurable unit of work activity or operation that forms a part of a duty, with one or more duties making up a job.

Task Analysis. A detailed analysis of tasks for a particular AFS to be included in the training decision process.

Task Certifier. A person whom the commander assigns to determine an individual's ability to perform a task to required standards IAW AFI 36-2201, *Developing, Managing and Conducting Training*.

Task Module (TM). A group of tasks performed within an Air Force specialty that are performed together and require common knowledge, skills, and abilities. TMs are identified by an identification code and a statement.

Task Trainer. A trained and certified individual who teaches airmen to perform specific tasks on-the-job IAW AFI 36-2201, *Developing, Managing and Conducting Training*. The term is also used in reference to some equipment that is used to teach specific tasks.

Total Force. All collective Air Force components (Active, Reserve, Guard, and civilian elements) of the United States Air Force.

Training Capability/Capacity. The ability of a unit or base to provide training. Authorities consider the availability of resources (such as equipment, reference materials, qualified trainers, etc.) when determining a unit's training capability.

Training Setting. The type of forum in which training is provided (formal resident school, on-the-job, field training, mobile training team, self-study, distance learning, etc.)

Upgrade Training (UGT). Mandatory training that leads to the award of a higher skill-level in an Air Force Specialty.

Utilization and Training Workshop (U&TW). A forum lead by the Career Field Manager that incorporates the expertise of MAJCOM 4N0X1 Functional Managers, Subject-Matter Experts (SMEs), AETC and USAFSAM training personnel to determine career ladder training requirements.

Waiver. Formal process to request an exception to standards or existing policy.

PART I, SECTION A - GENERAL INFORMATION

1. Purpose of the CFETP. This CFETP provides information necessary for the Career Field Manager (CFM), MAJCOM Functional Managers, commanders, training managers, technical training course developers and instructors, field supervisors, and trainers to use to plan, develop, manage, and conduct an effective career field training program. This plan outlines training that individuals must receive to develop and progress throughout their career. The plan also identifies initial skills, upgrade, qualification, advanced, and continuation training requirements. Initial skills training is the Air Force Specialty (AFS) specific training an individual receives upon entry into this specialty. Initial and advanced skills training is provided by the 882d Training Group at Sheppard AFB, Texas (AETC) and USAF School of Aerospace Medicine (USAFSAM) at Brooks AFB, TX. Upgrade training identifies the mandatory courses, task qualification requirements, and correspondence course completion required for award of the 3-, 5-, 7-, and 9-skill levels. Qualification training is actual hands-on task performance training designed to qualify an airman in a specific duty position. This training program occurs both during and after the upgrade training process. It is designed to provide the performance skills/knowledge training required to do the job. Advanced training is formal AFS training used for selected airmen. Continuation training is additional training conducted in-residence, through distance learning, or on-the-job, provided to 3-, 5-, 7-, and 9-skill level personnel to increase their skills and knowledge beyond the minimum required. The CFETP also serves the following purposes:

1.1. Serves as a management tool to plan, manage, conduct, and evaluate a career field training program. It is also used to help supervisors identify training at the appropriate point in an individual's career.

1.2. Identifies task and knowledge training requirements, describes the scope of practice in the Aerospace Medical Service Specialty, and recommends training/education throughout each phase of an individual's career.

1.3. Lists training courses available in the specialty, identifies sources of training, and the training delivery method.

1.4. Identifies major resource constraints that impact full implementation of the desired career field training program.

2. Use of the CFETP. This plan will be used by all levels of supervisory and management personnel to ensure comprehensive and cohesive training programs are available/instituted for each individual in the specialty.

2.1. The CFETP will be managed by the Air Force Career Field Manager. The 4N0X1 Specialty Career Development Course (CDC) Writer/Manager will assist the CFM in the maintenance and publication of the CFETP and any subsequent changes. The CFM, MAJCOM Aerospace Medical Service Functional Managers, AFSC consultants, USAFSAM and AETC personnel will review the CFETP annually to ensure currency and accuracy.

2.2. AETC and USAFSAM training personnel will develop and or revise formal resident and distance learning training based on requirements established by the field and documented in Part II of the CFETP. They will also work with the CFM to develop acquisition strategies for obtaining resources needed to provide the identified training.

2.3. MAJCOM Aerospace Medical Service Functional Managers will ensure MAJCOM training programs complement the CFETP mandatory initial, upgrade, and proficiency requirements. Identified requirements can be satisfied by OJT, resident training, contract training, or distance learning courses. MAJCOM-developed

training used to support this AFS must be identified for inclusion in this plan and must not duplicate already available training.

2.4. Each individual will complete the mandatory training requirements specified in this plan. The lists of courses in Part II, Section D, will be used as a reference to support training.

3. **Coordination and Approval of the CFETP.** The CFM is the approval authority for the CFETP. MAJCOM Aerospace Medical Service Functional Managers, AETC and USAFSAM training personnel will identify and coordinate through proper channels all initial and subsequent changes to the CFETP. The AEROSPACE MEDICAL SERVICE SPECIALTY Career Development Course (CDC) Writer/Manager is the OPR for maintenance and publication of the CFETP.

3.1. To request a waiver for required items in the CFETP refer to AFI 36-2201**,** _Developing, Managing and Conduction Training._

3.2. To request a Scope of Practice waiver to perform tasks not found in the CFETP, refer to AFI 44-119, _Clinical Performance Improvement._

PART I, SECTION B - CAREER PROGRESSION AND INFORMATION

1. Specialty Descriptions.

1.1. 4N0X1

1.1.1. Specialty Summary: Plans, provides, and evaluates routine patient care and treatment of beneficiaries to include flying and special operational duty personnel. Organizes the medical environment, performs and directs support activities in patient care situations, including contingency operations and disasters. Related DoD Occupational Subgroup: 3XX.

1.1.2. Duties and Responsibilities:

1.1.2.1. Provides, supervises and manages patient care of beneficiaries to include flying and special operational duty personnel. Performs nursing tasks. Acts as Patient Care Management (PCM) team leader and member. Front-line preventionist identifying potential health risks and providing preventive counseling. Performs paraprofessional portions of preventative health assessments and physical examinations. Monitors and records physiological measurements. Orients new patients to the hospital environment. Admits, discharges, and transfers patients as directed. Observes, reports, and records observations in patient progress notes and team conferences. Performs portions of medical treatment, diagnostic, and therapeutic procedures. Cares for, observes, and reports on postoperative patients and seriously or critically ill and injured patients. Records treatments and procedures rendered, and observes effects. Identifies patient problems, and assists in developing and evaluating patient care plan. Prepares and administers medications under nurse or physician supervision. Assembles, operates, and maintains therapeutic equipment. Provides field medical care in contingency operations and disasters. Performs basic life support and triage in emergency situations. Serves as member of primary emergency medical response to in-flight emergencies and potential mass casualty scenarios for on- and off-base incidents. Operates emergency medical and other vehicles. Loads and unloads litter patients. Participates in contingency or disaster field training, exercises, and deployments. Assists flight surgeon with aircraft mishap and physiological incident response, investigation, and reporting. Performs care of deceased patients. Supports flight surgeon to develop flying safety and deployment briefings. Augments search and rescue flying squadrons. Obtains and maintains linen and supply areas. Disposes of medical waste. Maintains inpatient and outpatient medical records. Prepares and submits administrative reports.

1.1.2.2. Schedules in-service training in new procedures, techniques, and equipment. Provides required basic life support training. Conducts or schedules periodic disaster training, fire drills, and evacuation procedures. Provides medical training to include agencies and personnel other than medical. Training may include areas such as national registered emergency medical technician and self-aid buddy care.

1.1.2.3. Performs duty as an IDMT at deployed operating locations and at remote sites. Deploys as Squadron Medical Element (SME) member with operational squadrons and provides forward area medical care in an austere or bare-base environment. Renders medical and dental treatment and emergency treatment; recommends evacuation to a location where definitive medical treatment facilities are available. Performs pharmacy, laboratory, bio-environmental, public health, medical logistics, and medical administration duties.

1.1.2.4. Performs aeromedical evacuation (AE) duties. Prepares patients and equipment for flight. Prepares aircraft for patient enplaning. Enplanes and deplanes patients. Loads and unloads baggage. Functions as an aeromedical evacuation crew member. Assists flight nurse with in-flight patient care. Provides emergency care for patients in event of medical or aircraft emergency.

1.1.2.5. Performs allergy and immunization (AI) duties. Manages immunotherapy care and performs diagnostic tests as ordered by physician. Utilizes computer based patient information. Prepares allergenic extracts and specific allergy treatment extracts. Performs tuberculoses and other delayed skin testing. Performs allergy skin testing. Administers vaccines IAW current guidelines. Performs emergency care for treatment of anaphylaxis. Provides post immunization instructions in regard to expected reactions and in proper care of vaccinations. Provides oversight of immunization processes.

Note: Those 4Ns performing as an Immunization Backup Technician (IBT) or Immunization Augmentee (IA) will utilize the task items IAW this CFETP, part 2, section A, task item 13.2.

1.1.2.6. Performs neurology duties. Prepares patients for examination, treatment, and diagnostic procedures. Assists physician with diagnostic procedures and treatments. Assembles, operates, maintains and performs routine user maintenance of electroencephalographic and electromyographic equipment. Assists in performing special electroencephalographic and electromyographic procedures. Ensures appropriate care and storage of tracings and reports.

1.1.2.7. Performs critical care duties. Prepares patients with special equipment for transfers. Assists with examinations and special procedures including mechanical ventilation. Assists with cardiovascular and neurovascular procedures and hemodialysis.

1.1.2.8. Performs hyperbaric medical duties. Prepares patients and equipment for hyperbaric dive. Prepares hyperbaric chamber for patient placement. Positions patients. Functions as hyperbaric dive crew member. Assists hyperbaric nurse or physician with patient care during the dive. Provides emergency care for patients in event of medical or hyperbaric chamber emergency.

1.1.2.9. Performs hemodialysis duties. Prepares patient and performs procedures using specialized renal dialysis equipment.

2. Skill/Career Progression. It is essential that everyone involved in training do his or her part to plan, develop, manage, conduct, and evaluate an effective training program. The guidance provided in this part of the CFETP will ensure individuals receive viable training at the appropriate points in their career. The following narrative and the AFSC 4N0X1 career field flow charts identify the training career path.

2.1. Apprentice Level (3). Initial skills training in this specialty consist of the tasks and knowledge training provided in the 3-skill level resident course (J3AQR4N031-004) conducted at Sheppard AFB, Texas. Successful completion and award of the National Registry of Emergency Medical Technicians Basic (NREMT-B) certification is mandatory. Upon graduation from the resident course, students will attend the 3-skill level Phase II course (J5ABO4N031-001) located at one of the Phase II training facilities. Individuals must successfully complete both the resident and Phase II courses to be awarded AFSC 4N031. When directed by HQ USAF training, will be compressed to teach the resident 3-level wartime course.

2.2. Journeyman Level (5). Upgrade training to the 5-skill level in this specialty consists of completing (1) CDC 4N051, (2) all STS core tasks (including core task QTPs), (3) duty position requirements, and (4) a minimum, 15 months UGT (9 months for retrainees). To assume the grade of SSgt, individuals must be graduates of the Airmen Leadership School. Current certification as an NREMT-B is mandatory.

2.3. Craftsman Level (7). Upgrade training to the 7-skill level in this specialty consists of (1) completing all STS core tasks (including core task QTPs), (2) successful completion of the 7-level CDCs, (3) minimum 12 months UGT, (4) duty position requirements, and (5) SSgt (sew-on). To assume the grade of MSgt, individuals must be graduates of the NCO Academy. Current certification as an NREMT-B is mandatory.

2.4. Superintendent Level (9). To be awarded AFSC 4N091, an individual must be a SMSgt (sew-on). Current certification as an NREMT-B is mandatory when required by the duty position.

2.5. Chief Enlisted Manager Level (0). AFSC/CEM code 4N000 awarded upon selection for promotion to CMSgt.

NOTE: Individuals who hold a current state or National Registry EMT-Paramedic certification meet the intent of the NREMT-B requirement.

3. Training Decisions. This CFETP uses a building block approach (simple-to-complex) to encompass the entire spectrum of life-cycle training requirements for the Aerospace Medical Service Specialty. The spectrum includes a strategy for when, where, and how to meet the training requirements. The strategy must be apparent and affordable to reduce duplication of training and eliminate a disjointed approach to training. Decisions were made as to the content of the CFETP during the Aerospace Medical Service Specialty Utilization and Training Workshop, held 3-14 April 2000 and 15-19 October 2001 at Sheppard AFB, Texas.

3.1. Initial Skills Training. Initial skills course content (3-skill level) was revised to provide training needed to prepare graduates for Aerospace Medical Service Specialty positions.

3.2. Upgrade Training. The current Career Development Courses (CDCs) used for Journeyman training in this specialty are CDC 4N051, course A and B.

3.3. Core tasks and other requirements for 5- and 7-skill levels were established.

3.4. Transition training, as a result of the 4N0X1 and 4F0X1 merger, is outlined and explained in Section E of Part I.

3.5. Updated and reviewed IDMT, Hyperbarics, and AE STS. Approved Critical Care STS.

4. Community College of the Air Force (CCAF).

4.1. Enrollment in CCAF occurs upon completion of basic military training. Off-duty education is a personal choice, and is highly encouraged.

4.2. CCAF provides the opportunity to obtain an Associates in Allied Health Sciences Degree as follows:

4.2.1. The 5-skill level *must* be held at the time of program completion.

4.2.2. Degree requirements:

Subject	Semester Hours
Technical Education	24
Leadership, Management, and Military Studies	6
Physical Education	4
General Education	15
Program Elective (Technical Education; Leadership, Management, and Military Studies; or General Education)	15
Total Requirement:	**64**

4.2.2.1. Technical Education (24 Semester Hours). A minimum of 12 semester hours of Technical Core subjects/courses must be applied and the remaining semester hours applied from Technical Core/Technical Elective subjects/courses. Requests to substitute subjects/courses must be approved in advance by the Services Branch. Technical education may be obtained as follows:

Technical Core	
Subjects/Courses	Semester Hours
CCAF Internship	16
Emergency Medicine	3
Human Anatomy and Physiology	8
Hyperbaric Medicine	18
Kinesiology	12
Nursing	24
Occupational Therapy	24
Orthotics	24

Technical Electives	
Subjects/Courses	Maximum Semester Hours
AF Enlisted Professional Military Education	12
Computer Science	3
Medical Readiness	3
Computer Science	6
General Biology	4
General Chemistry	6
General Psychology	3
Medical Terminology	3
Pharmacology	3
Survival Training	3

4.2.2.2. Leadership, Management, and Military Studies (6 Semester Hours). Professional military education and/or civilian management courses. The preferred method of completing Leadership, Management, and Military Studies is through attendance at an Airman Leadership School, Major Command NCO Academy,

and/or Air Force Senior NCO Academy. However, civilian courses that emphasize fundamentals of managing human or material resources may also be applicable.

4.2.2.3. Physical Education (4 Semester Hours). This requirement is satisfied by completion of basic military training.

4.2.2.4.   General Education (15 Semester Hours).   This requirement is satisfied by application of courses accepted in transfer from a college or by testing credit. The following is a specific breakdown of requirements:

Subjects/Courses	Semester Hours
Oral Communication (Speech)	3
Written Communication (English composition)	3
Mathematics: Intermediate algebra or a college-level mathematics course is required. If an acceptable mathematics course is applied as a Technical or Program Elective, a natural science course meeting General Education Requirement (GER) application criteria may be applied as a GER.	3
Social Science : Anthropology, archaeology, economics, geography, government, history, political science, psychology, sociology.	3
Humanities: Fine arts (history, criticism, and appreciation), foreign language, literature, philosophy, religion.	3

4.2.2.5.   Program Elective (15 Semester Hours). Satisfied with applicable Technical Education; Leadership, Management, and Military Studies; or General Education subjects/courses, including natural science courses meeting GER application criteria. Six semester hours of CCAF degree-applicable technical credit otherwise not applicable to this program may be applied.

4.2.2.6.   For professional nursing credentialing, students should complete courses in college algebra, introductory psychology, sociology and lab courses in human anatomy and physiology, general chemistry and microbiology. These courses are generally required in nursing programs and are applicable to this program. **For certification as a registered medical assistant, students holding the journeyman five-level can apply upon completion of Medical Service Apprentice, or Journeyman courses, Aerospace Medical Service Apprentice, or Journeyman courses. Contact American Medical Technologists, 710 Higgins Road, Park Ridge, IL 60068; (847) 823-5169; 1-800-275-1268; www.amt1.com.**

4.3. In addition to the associate degree program, CCAF offers the following:

4.3.1. Occupational Instructor Certificate. Upon completion of instructor methodology course and teaching practicum, hold the journeyman 5-skill level, have at least two years of teaching experience, CCAF instructors who possess an associates degree or higher may be nominated by their school commander/commandant for certification as an Occupational Instructor.

4.3.2. Trade Skill Certification. When a CCAF student separates or retires, a trade skill certification is awarded for the primary occupational specialty. The college uses a competency-based assessment process for trade skill

certification at one of four proficiency levels; Apprentice, Journeyman, Craftsman/Supervisor, or Master Craftsman/Manager. All are transcribed on the CCAF transcript.

4.3.3. Instructor of Technology and Military Science. CCAF provides the opportunity to obtain an Associates in Instructor of Technology and Military Science Degree. This degree is available to AETC Technical Instructors. For further information, refer to the CCAF general catalog.

5. Career Field Path.

5.1. Aerospace Medical Service Specialty 4N0XX training and career progression/broadening

NOTE: This chart shows the MINIMUM rank eligible for each training and career progression/broadening area.

4N0XX Career Path		
	Grade Requirements	
Education and Training Requirements	**Rank**	
Basic Military Training School		**Special Duty Assignments**
Apprentice Technical School (3-Skill Level)	(insignia)	N/A
Upgrade to Journeyman (5-Skill Level) - Complete 4N051 CDCs - Certified in all STS Core Tasks - Minimum NREMT-B certification - Minimum 15 months UGT (9 months retraining) - QTPs for assigned position - Complete all duty position training requirements	(insignia) (insignia)	- Hyperbaric Technician - Research Duty - Allergy Immunization Technician (AIT) - Aeromedical Evacuation Technician (AET) - Instructor Duty - Neurology Technician - Military Training Instructor (MTI) - Professional Military Education (PME) Instructor - Military Entrance Processing Station (MEPS) - International Health Specialist (HIS) - Licensed Practical Nurse (LPN)
Airman Leadership School (ALS) - Must be a SrA or SSgt selectee - Resident graduation is a prerequisite for SSgt sew-on (Active Duty only)	(insignia)	
Upgrade to Craftsman (7-Skill Level) - Complete 4N071 CDCs* - Minimum NREMT-B certification - Minimum 12 month UGT - SSgt - QTPs for assigned position - Complete all duty position training requirements	(insignia)	- Independent Duty Medical Technician (IDMT) - Medical Development NCO - Air Force Special Operations - Recruiter Duty - Aeromedical Consultation Service
Noncommissioned Officer Academy (NCOA) - Must be a TSgt or TSgt selectee - Resident graduation is a prerequisite for MSgt sew-on (Active Duty only)	(insignia)	

USAF Senior NCO Academy (SNCOA) Correspondance • Must be a MSgt, MSgt selectee,		

USAF Senior NCO Academy (SNCOA)
    • Must be a SMSgt, SMSgt selectee, or selected MSgt
    • Resident graduation is a prerequisite for CMSgt sew-on (Active Duty only)
		• First Sgt Duty
		• MAJCOM Functional

Upgrade to Superintendent
(9-Skill Level)
    • Rank of SMSgt
    • NREMT-B certification if required by duty position
		• Special Duty Assignments to MAJCOM
		• Group Superintendent

Chief Enlisted Manager (CEM) (4N000) • Selected for promotion to the rank of CMSgt		• Command Chief Master Sergeant (CCM) • Air Force Career Field Manager (AFCFM) • Chief, Medical Enlisted Issues (CMEI)

* NOTE: The RAM will be used until 7-level CDC availability.

Figure 5-1

5.2. Career Field Flow Charts: The career path outlines when training is required for each skill level and function within this specialty. Flow charts are included in this section to illustrate training requirements.

5.2.1. 4N0X1 - Aerospace Medical Service Specialty career path (Figure 5-2).

5.2.2. 4N0X1A - Allergy/Immunization Technician career path (Figure 5-3).

5.2.3. 4N0X1B - Neurology Technician career path (Figure 5-4).

5.2.4. 4N0X1 Special Experience Identifiers (SEI) Table (Figure 5-5).

4N0X1
AEROSPACE MEDICAL SERVICE SPECIALTY
CAREER PATH

```
┌─────────────────────────────┐
│      BASIC TRAINING          │
│           AB                 │
└─────────────────────────────┘
              ↓
┌─────────────────────────────┐
│    TECHNICIAL TRAINING       │
│  (RESIDENT & PHASE II)       │
└─────────────────────────────┘
              ↓
┌─────────────────────────────┐
│    4N031 APPRENTICE          │
│       AMN/A1C                │
└─────────────────────────────┘
              ↓
┌─────────────────────────────┐
│ CAREER DEVELOPMENT COURSE    │
│          (CDC)               │
└─────────────────────────────┘
              ↓
┌─────────────────────────────┐        ┌──────────────┐
│    4N051 JOURNEYMAN          │ ──────→│    ALS       │
│     A1C/SRA/SSGT             │ ←──────│    SRA       │
└─────────────────────────────┘        └──────────────┘
              ↓
┌─────────────────────────────┐
│      7-LEVEL CDC             │
└─────────────────────────────┘
              ↓                         ┌──────────────┐
┌─────────────────────────────┐        │  NCOA/ TSGT  │
│    4N071 CRAFTSMAN           │ ──────→│   SNCOA/     │
│    SSGT/TSGT/MSGT            │ ←──────│  SELECTED    │
└─────────────────────────────┘        │    MSGTS     │
              ↓                         └──────────────┘
┌─────────────────────────────┐        ┌──────────────┐
│   4N091 SUPERINTENDENT       │ ──────→│   SNCOA      │
│        SMSGT                 │ ←──────│   SMSGT      │
└─────────────────────────────┘        └──────────────┘
              ↓
┌─────────────────────────────┐
│        4N000                 │
│       MANAGER                │
│        CMSGT                 │
└─────────────────────────────┘
```
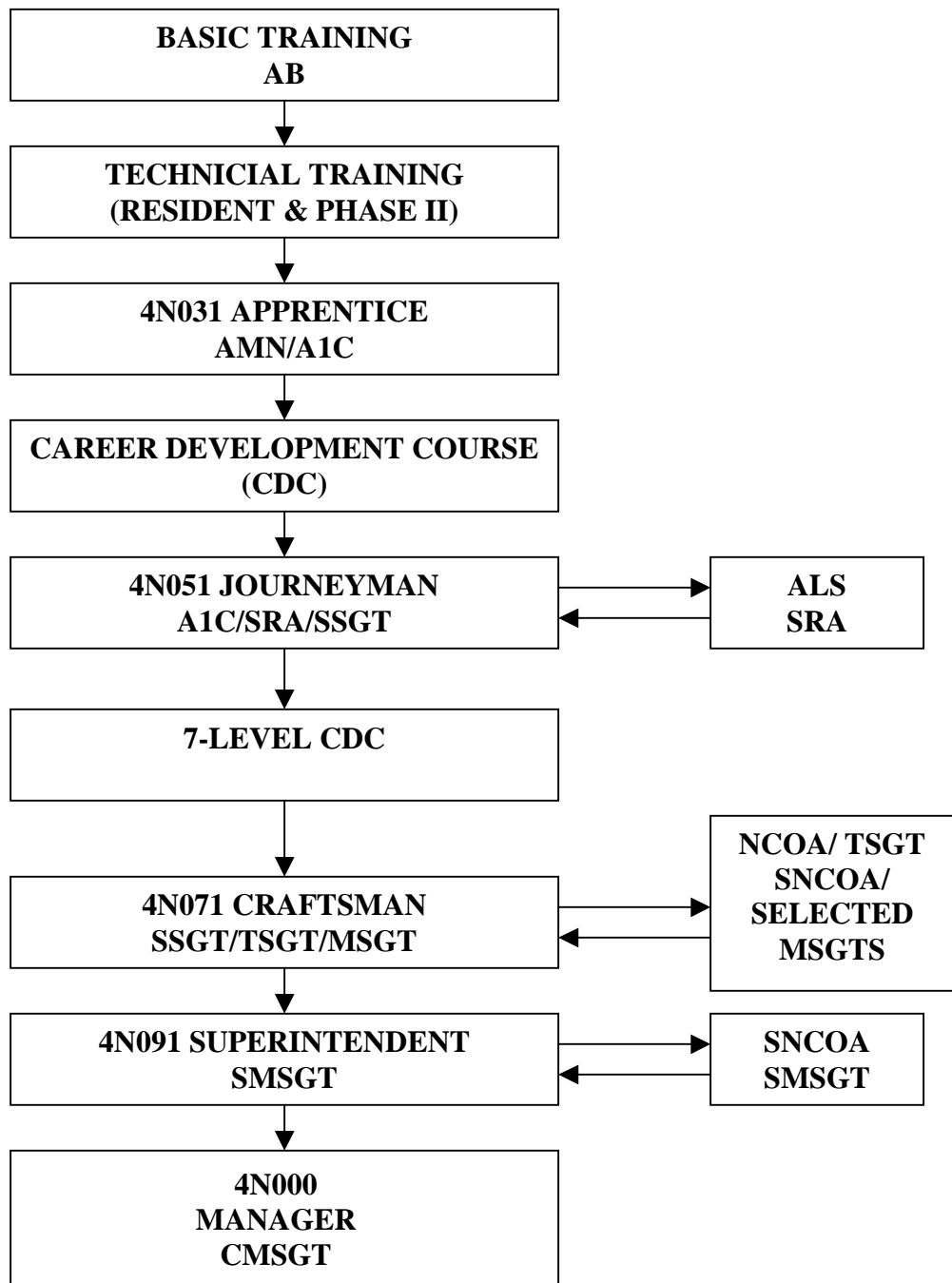
Figure 5-2

4N0X1A
ALLERGY/IMMUNIZATION (A/I) TECHNICIAN
CAREER PATH

Note: Must be 4N051 to retrain into Allergy/Immunization.

```
┌─────────────────────────────┐
│           ENTRY             │
└─────────────────────────────┘
               │
               ▼
┌─────────────────────────────┐
│           4N031             │
└─────────────────────────────┘
               │
               ▼
┌─────────────────────────────┐
│           4N051             │
└─────────────────────────────┘
               │
               ▼
         ╱─────────╲                  ┌──────────────┐                ┌────────────────────────┐
        ╱  4N011A    ╲        Y        │    WRAMC     │                │      ASSIGNMENT         │
       ╱   TRAINING   ╲ ──────────────▶│   RESIDENT   │───────────────▶│ (4 years in specialty   │
        ╲  SELECTION  ╱                │   4N031A     │                │ desired) upgrade to     │
         ╲─────────╱                   │   COURSE     │                │      4N051A             │
               │                       │ (J5ALA4N031A)│                └────────────────────────┘
               N                       └──────────────┘                            │
               │◀───────────────────────────────────────────────────────────────────┘
               ▼
┌─────────────────────────────┐
│           4N071             │
└─────────────────────────────┘
               │
               ▼
┌─────────────────────────────┐
│           4N091             │
└─────────────────────────────┘
               │
               ▼
┌─────────────────────────────┐
│           4N000             │
└─────────────────────────────┘
```
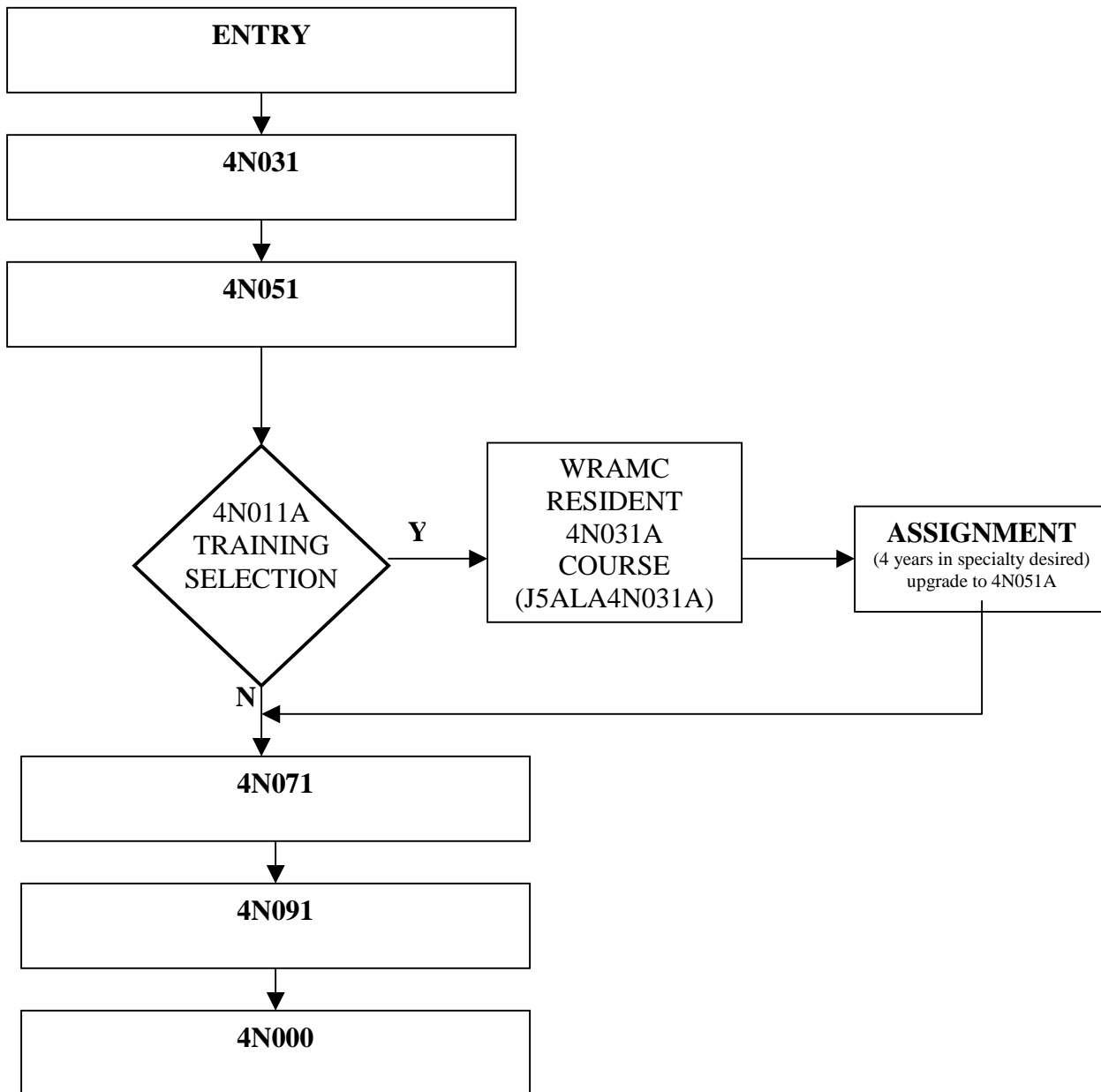
Figure 5-3

4N0X1B
NEUROLOGY TECHNICIAN
CAREER PATH
Note: Must be 4N051 to retrain into Neurology.

```
        ┌─────────────────────────┐
        │          ENTRY          │
        └─────────────────────────┘
                     │
                     ▼
        ┌─────────────────────────┐
        │          4N031          │
        └─────────────────────────┘
                     │
                     ▼
        ┌─────────────────────────┐
        │          4N051          │
        └─────────────────────────┘
                     │
                     ▼
              ◇ 4N011B            ┌──────────────┐        ┌──────────────────┐
             ◇ TRAINING ◇   Y    │  PORTSMOUTH  │        │   ASSIGNMENT     │
             ◇ SELECTION ◇ ────▶ │  RESIDENT    │ ─────▶ │ (4 years in      │
              ◇         ◇        │  COURSE      │        │  specialty       │
                  │              │ (J5ALN4N031B)│        │  desired)        │
                  N              └──────────────┘        │ upgrade to 4N051B│
                  │                                      └──────────────────┘
                  ▼
        ┌─────────────────────────┐
        │          4N071          │
        └─────────────────────────┘
                     │
                     ▼
        ┌─────────────────────────┐
        │          4N091          │
        └─────────────────────────┘
                     │
                     ▼
        ┌─────────────────────────┐
        │          4N000          │
        └─────────────────────────┘
```
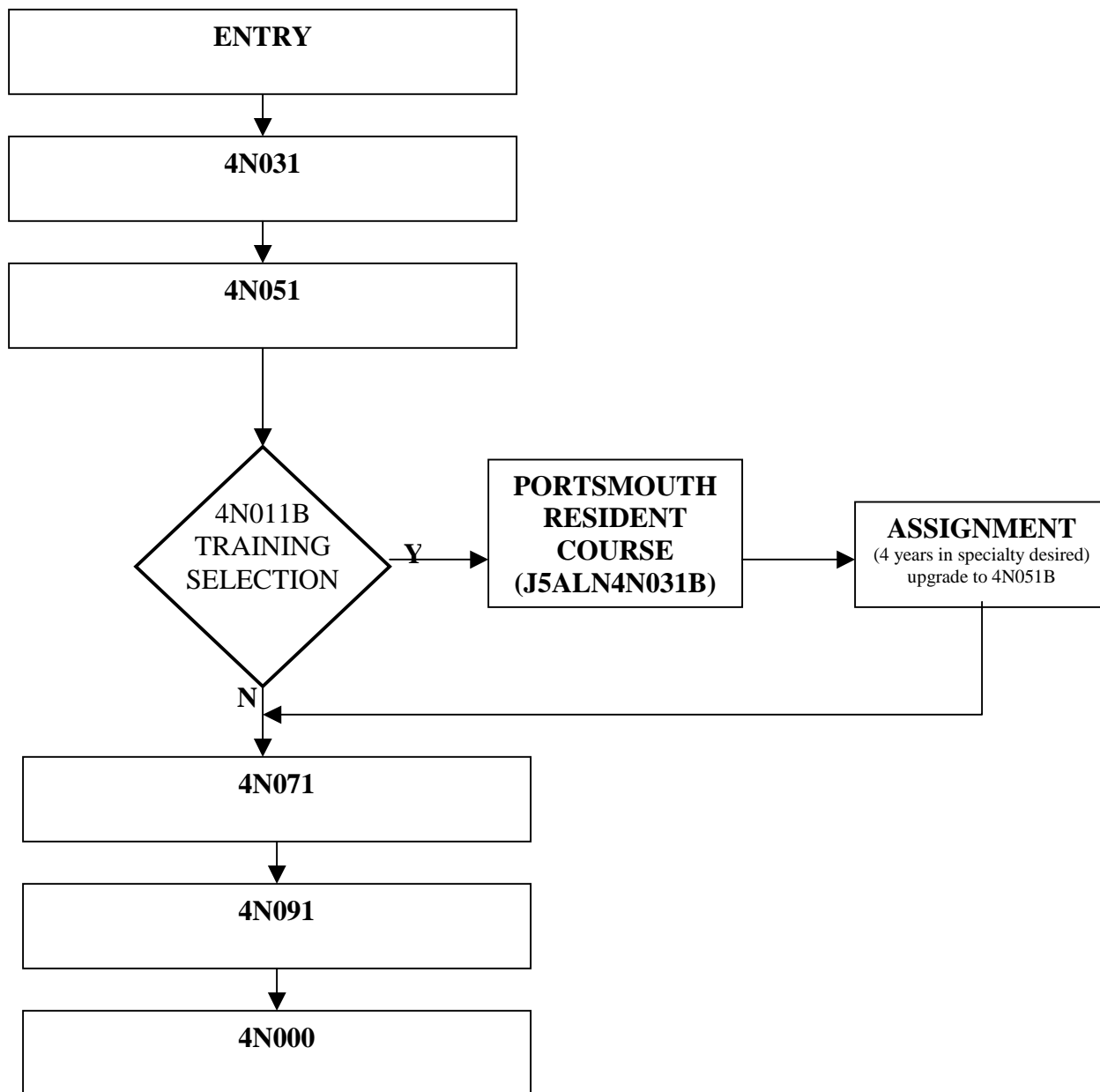
Figure 5-4

4N0X1 Special Experience Identifiers (SEI)

SEI	Title	Criteria	Minimum Skill Level Required
474	Licensed Practical Nurse (LPN)	Requires completion of an LPN Program at an accredited institution approved by the Surgeon General and an unrestricted state LPN license, 12 months experience and award of 5-skill level.	5-level
486	Dialysis Medical Technician (DMT)	Requires completion of DMT OJT, 12 months of active DMT clinical experience, and supervisor's recommendation.	3-level
487	Critical Care Technician	Requires 12 months of experience in critical care (ICU/CCU), special care unit (SCU), or neonatal ICU related duties and supervisor's recommendation.	3-level
489	Medical Development NCO (MDNCO)	Requires completion of MDNCO training (MDO) course, MDNCO exportable course, or MDO course (approved medical unit local training), 12 months experience and supervisor's recommendation.	3-level
490	Hyperbaric Medical Technician (HMT)	Requires completion of HMT course, 12 months of clinical hyperbaric experience, and supervisor's recommendation.	3-level
494	Aeromedical Evacuation Technician (AET)	Requires 12 months of experience in an AE unit and supervisor's recommendation.	5-level Note: AFRC and ANG components will accept 3-levels
496	Independent Duty Medical Technician (IDMT)	Medical Service Technician Independent Duty Course and initial IDMT certification at the host MTF.	5-level SSgt or SSgt (s)
455 (Eff: May 03)	Special Operations Command Medic	Requires 24 months in duty experience, completion of the Independent Duty Medical Technician Course, AE course, Paramedic certification or attend Special Operations Combat Medic Course, Combat Survival Course, USAF Underwater Egress Training, Introduction to Special Operations Course, Dynamics of International Terrorism, and Hyperbarics Training Course.	5-level SSgt or SSgt (s)

Figure 5-5

PART I, SECTION C - SKILL LEVEL TRAINING REQUIREMENTS

1. Purpose. Skill levels in this career field are defined in terms of tasks and knowledge requirements. This section outlines the specialty qualification requirements for each skill level in broad, general terms and establishes the mandatory requirements for entry, award, and retention of each skill level. The specific task and knowledge training requirements are identified in the STS at Part II, Section A of this CFETP.

2. Specialty Qualifications.

2.1. Apprentice (3-skill level) training requirements.

2.1.1. Specialty qualification.

2.1.1.1. Knowledge:

2.1.1.1.1. For the basic AFSC, knowledge of the following is mandatory: medical terminology, anatomy and physiology, nursing techniques, procedures and processes, aerospace physiology fundamentals, aeromedical concepts, emergency medical treatment (to include cardiopulmonary resuscitation), aseptic technique, medical ethics and legal aspects, medication administration, operation and maintenance of therapeutic equipment, emergency response personal protective equipment, military hygiene and sanitation, risk management, basic procedures and fundamentals of Primary Care Management (PCM), preventive medicine and counseling techniques, physical examination and standards, disaster preparedness and chemical warfare, care and transportation of the sick and injured, and customer service.

2.1.1.1.2. For ARC personnel assigned as Aeromedical Evacuation Technicians (SEI 494), knowledge of flight physiology and aeromedical evacuation patient care procedures are mandatory.

2.1.1.2. Education: Completion of high school and courses in general science, biology, psychology, chemistry, basic computer skills and verbal communication are desirable.

2.1.1.3. Training:

2.1.1.3.1. Completion of the Aerospace Medical Service Apprentice courses (resident and phase II).

2.1.1.3.2. Completion of the aeromedical evacuation course is mandatory before being assigned to aeromedical evacuation duties. (AD only)

2.1.1.4. Experience: No requirement.

2.1.2. Training Sources/Resources: Completion of the Aerospace Medical Service Apprentice Course (J3AQR4N031-004) at Sheppard AFB, TX and the Aerospace Medical Service Apprentice Phase II Course (J5ABO4N031-001) satisfies the knowledge and training requirements specified in para 2.1.1.1.1. for award of the 3-skill level.

2.1.3. Implementation: After 3-level graduation, job qualification training starts when an individual is assigned to their first duty position. Thereafter, it is initiated anytime an individual is assigned duties they are not qualified to perform. QTPs will be used concurrently to obtain necessary duty position qualifications. QTPs are

Air Force publications that have been developed and are mandatory for use during upgrade/qualification training when available for a duty position, program, or piece of equipment.

2.2. Journeyman (5-skill level) training requirements.

2.2.1. Specialty qualification.

2.2.1.1. All 4N031 qualifications apply to the 4N051 requirements to include current NREMT-B certification.

2.2.1.2. Knowledge: For the basic AFSC including all shredouts and Special Experience Identifiers (SEIs), knowledge as indicated in Part II, Section A, attachments 2 through 10 (items 1 through 20), and core tasks.

2.2.1.2.1. For the journeyman assigned as an Allergy and Immunization Technician (4N051A), knowledge of the following is mandatory: diagnostic procedures for managing allergy patients, vaccination procedures, methods of properly administering intradermal, subcutaneous, and intramuscular injections, composition of vaccines, treatment of anaphylactic reactions, current immunization tracking systems and AFJI 48-110, Immunizations and Chemoprophylaxis.

2.2.1.2.2. For the journeyman assigned as a Neurology Technician (4N051B), knowledge of the following is mandatory: electronic fundamentals and neurological anatomy and physiology.

2.2.1.2.3. For the journeyman assigned as a Dialysis Medical Technician (SEI 486), knowledge of the following is mandatory: Fundamentals of hemodialysis invasive procedures and renal anatomy and physiology. Critical care experience is desired.

2.2.1.2.4. For the journeyman assigned as a Critical Care Technician (SEI 487), knowledge of the following is mandatory: Critical care nursing, invasive procedures, and hemodynamic monitoring.

2.2.1.2.5. For the journeyman assigned as a Medical Development NCO (SEI 489), knowledge of the following is mandatory: NREMT instructional programs, Self Aid Buddy Care (SABC) and Basic Life Support (BLS). Instructor experience and knowledge of Instructional System Design is desirable.

2.2.1.2.6. For the journeyman assigned as a Hyperbaric Medical Technician (SEI 490), knowledge of the following is mandatory: depth physiology and hyperbaric treatment procedures. Flying Class III physical is required.

2.2.1.2.7. For the journeyman assigned as a Licensed Practical Nurse (LPN) (SEI 474), knowledge of the following is mandatory: Medical terminology, anatomy and physiology, nursing techniques, procedures and processes, emergency medical treatment (to include cardiopulmonary resuscitation, aseptic technique, medical ethics and legal aspects), medication administration, operation and maintenance of therapeutic equipment, emergency response personal protective equipment, military hygiene and sanitation, risk management, basic procedures and fundamentals of Primary Care Management (PCM), preventive medicine and counseling techniques, physical examination and standards, care and transportation of the sick and injured, and customer service.

2.2.1.2.8. For the journeyman assigned as an Aeromedical Evacuation Technician (X4N0X1, SEI 494), knowledge of flight physiology and aeromedical evacuation procedures is mandatory. Flying Class III physical is required.

2.2.1.2.9. For the journeyman assigned as an Independent Duty Medical Technician (SEI 496), knowledge of the following is mandatory: emergency medical and dental treatments, basic pharmacology, bioenvironmental services, public health, health care administration, and logistics procedures.

2.2.1.2.9.1. IDMTs who are assigned as an Air Force Special Operations Technicians (SEI 306), knowledge of the following is mandatory: force readiness, aircraft accident response and investigation and aeromedical disposition. Knowledge of USSOCOM (US Special Operations Command) medical force structure and CASEVAC (Casualty Evacuation) mission and equipment is also mandatory.

2.2.1.3. Education: To assume the rank of SSgt, individuals must be graduates of the Airman Leadership School.

2.2.1.4. Training:

2.2.1.4.1. Completion of the following requirements is mandatory for the award of the 5-skill level AFSC: CDC 4N051, all STS core tasks, all QTPs identified for the assigned duty position, the rank of A1C, and at least 15 months UGT (9 months for retrainees). Current certification as an NREMT-B is mandatory.

2.2.1.4.2. Completion of the Allergy/Immunization Technician course is mandatory before being assigned to Allergy/Immunization duty. In addition, complete all QTPs identified for the assigned duty position, and at least 12 months UGT. Current certification as an NREMT-B is mandatory.

2.2.1.4.3. Completion of the Neurology Technician course is mandatory before being assigned Neurology Technician duty. In addition, complete all QTPs identified for the assigned duty position, and at least 12 months UGT. Current certification as an NREMT-B is mandatory.

2.2.1.4.4. Completion of 12 months critical care experience and supervisor's recommendation is mandatory before award of the critical care SEI. Current certification as an NREMT-B is mandatory.

2.2.1.4.5. Completion of the Hyperbaric Medical Technician course is mandatory before being assigned to clinical hyperbaric duty. Upon assignment to a clinical hyperbaric facility, individuals must obtain National Board of Diving and Hyperbaric Medical Technology certification as a Hyperbaric Technician within one year. Current certification as an NREMT-B is mandatory.

2.2.1.4.6. Completion of the Aeromedical Evacuation Technician course is mandatory before being assigned to aeromedical evacuation duties. Current certification as an NREMT-B is mandatory.

2.2.1.4.7. Completion of the Independent Duty Medical Technician course and certification at host MTF is mandatory before being assigned to independent duty. Current certification as an NREMT-B is mandatory.

2.2.1.4.8. Completion of an accredited Licensed Practical Nurse training program at an accredited institution acceptable to the Surgeon General and an unrestricted state licensure is mandatory before being assigned as a Licensed Practical Nurse. Must maintain state licensure. Current certification as an NREMT-B is mandatory.

2.2.1.5. Experience: Current qualification as an Aerospace Medical Service Apprentice is mandatory.

2.2.1.6. Other: None.

2.2.2. Training Sources/Resources: Completion of CDC 4N051 satisfies the knowledge requirements specified in para 2.2.1.2. for award of the 5-skill level. The STS in Part II of this CFETP identifies all core tasks required for qualification. Upgrade and qualification training is provided by qualified trainers using available QTPs, locally developed training programs and training references, for programs to be managed, equipment to be used, or procedures to be performed.

2.2.3. Implementation: Entry into upgrade training is initiated when an individual possesses the 3-skill level. Qualification training is initiated anytime an individual is assigned duties they are not qualified to perform. CDC 4N051, and all core tasks will be completed for award of the 5-skill level. Current certification as an NREMT-B is mandatory.

2.3. Craftsman (7-skill level) training requirements.

2.3.1. Specialty qualification.

2.3.1.1. All 4N051 qualifications apply to the 4N071 requirements to include current minimum NREMT-B certification.

2.3.1.2. Knowledge: For the basic AFSC including all shredouts and Special Experience Identifiers (SEIs), knowledge as indicated in Part II, Section A, attachments 2 through 10 (items 1 through 20), and core tasks.

2.3.1.3. Education: To assume the rank of MSgt, individuals must be graduates of the NCO Academy.

2.3.1.4. Training: Completion of the following requirements is mandatory for the award of the 7-skill level: Completing all STS core tasks (including core task QTPs), successful completion of the 7-level CDCs (when available), all duty position requirements, 12 months UGT, and the rank of SSgt (sew-on). Current certification as an NREMT-B is mandatory.

2.3.1.5. Experience: Current qualification as an Aerospace Medical Service Journeyman is mandatory.

2.3.1.6. Other: None.

2.3.2. Training Sources/Resources: Completion of the 7-level CDC (when available), 12 months UGT, satisfies the knowledge and skill requirements specified in para 2.3.1. for award of the 7-skill level. The STS in Part II of this CFETP identifies all core tasks required for qualification. Upgrade and qualification training is provided by qualified trainers using available QTPs, locally developed training programs and training references, for programs to be managed, equipment to be used, or procedures to be performed.

2.3.3. Implementation: Entry into upgrade training is initiated when an individual is selected for promotion to SSgt and possesses the 5-skill level. Qualification training is initiated anytime an individual is assigned duties they are not qualified to perform. Current certification as an NREMT-B is mandatory.

2.4. Superintendent (9-skill level). To be awarded AFSC 4N091, an individual must be a SMSgt. Current certification as an NREMT-B is mandatory when required by the duty position. Qualification is mandatory as an Aerospace Medical Service Craftsman (7-level). Experience is also mandatory in managing functions such as medical, surgical, or related health care administrative activities.

PART I, SECTION D - RESOURCE CONSTRAINTS

1. Purpose. This section identifies known resource constraints, which preclude optimal and or desired training from being developed or conducted, including information such as cost and manpower. Narrative explanations of each resource constraint and an impact statement describing what effect each constraint has on training are included. Also included in this section are actions required, office of primary responsibility, and target completion dates. Resource constraints will be, as a minimum, reviewed and updated annually.

Note: There are currently no resource constraints. This area is reserved.

PART I, SECTION E - TRANSITIONAL TRAINING GUIDE

1. Purpose. This section outlines specialty requirements to satisfy transitional training needs when two or more specialties are merging.

2. Merger. The 4F0X1, Aeromedical Specialty and the 4N0X1, Medical Service Specialty career fields merged into the 4N0X1, Aerospace Medical Service Specialty effective 01 Nov 02. To ensure all personnel currently in both career fields have necessary knowledge and skills to function in the new 4N0X1 field, they must complete the following:

2.1. 4F0X1s in 5-level UGT at the time of the merger must complete the 4F051 CDCs plus 4N051 CDC, course D. (Note: If there is a delay in obtaining course D, individuals can upgrade to the 5-skill level on time if all requirements are met *except* the completion of course D. Course D will be completed as soon as available). 4N051D contains the following: Volume 1-Basic Sciences, Volume 2-Nursing Fundamentals and Skills, Volume 3-Medication Administration and Fluid Therapy, Volume 4-Special Nursing Care. 4N0X1s in 5-level UGT at the time of the merger must complete the 4N051 CDC courses A and B plus 4N051 CDC, course C. (Note: If there is a delay in obtaining course D, individuals can upgrade to the 5-skill level on time if all requirements are met *except* the completion of course C. Course C will be completed as soon as available). 4N051C contains the following: Volume 1-Aerospace Medicine Program, Volume 2-Physical Exams and Standards (units 1,2,&3 only)

2.2. 4F0X1s who hold a 5- or 7-skill level at the time of the merger, must complete 4N051D. 4N0X1s who hold a 5- or 7-skill level at the time of the merger, must complete 4N0X1C.

2.3. 4F0X1s in 7-level UGT at the time of the merger must complete the 4F071 CDC plus 4N051 CDC, course D.

2.4. 4N0X1s in 7-level UGT at the time of the merger must complete the 4N071 Read Ahead Module (RAM) plus 4N051 CDC, course C.

2.5. Air Force Job Qualification Standard (AFJQS) 4N0X1-001 (Attachment 10) is to be used as the training standard for personnel assigned to Squadron Medical Element (SME) positions during the transition period.

SECTION A

SPECIALTY TRAINING STANDARD (STS)
For AFSC 4N0X1 and Applicable Shredouts/SEIs

AEROSPACE MEDICAL SERVICE APPRENTICE
AEROSPACE MEDICAL SERVICE JOURNEYMAN
AEROSPACE MEDICAL SERVICE CRAFTSMAN

1. Implementation. This STS will be used for technical training provided by AETC effective with Aerospace Medical Service Apprentice Course (J3AQR4N031 004) Class 021101.

2. Purpose. As prescribed in AFI 36-2201, _Developing, Managing, and Conducting Training_, this STS:

2.1. Provides a qualitative training requirement proficiency code key in attachment 1 that is used to indicate the level of training provided by resident and career development courses. Training objectives in each course are designed to match the criteria established by the proficiency code key.

2.2. Lists in column 1 of attachments 2 through 10 the most common tasks and knowledge necessary for airmen to perform duties in the 3-, 5-, and 7-skill levels. These are based on an analysis of duties specified in AFMAN 36-2108, Airman Classification. A complete listing of all training references (TRs) that may be used for both formal course development and continuing education in the field is included in attachment 9.

2.3. Functionally groups tasks by subject and/or job position to aid in task selection and reduction in duplication. Supervisors may select tasks from the appropriate attachment to accurately define a job and required training.

2.4. Identifies in column 2 of attachments 2 through 9 which of the items in column 1 are designated as core (5) tasks for the duty positions listed below. **Aerospace Medical Service Specialty personnel occupying any 4N0X1 duty position must be trained and certified on all respective core tasks to be duty position qualified.** To be considered fully qualified and eligible for any skill level award, personnel must be duty position qualified, trained, and certified on any/all core tasks. **All 3-, 5-, and 7-level 4N0X1 personnel (regardless of rank) must have a current documented Individual Training Record, AF Form 623B, in Part 2 of their 6-part folder (also applies to 9-level personnel when required to maintain NREMT certification due to the member's current duty position).**

2.4.1. Attachment 2 applies to all 4N0X1 personnel (4N0X1).
2.4.2. Attachment 3 applies to Allergy/Immunization Technicians (4N0X1A).
2.4.3. Attachment 4 applies to Neurology Technicians (4N0X1B).
2.4.4. Attachment 5 applies to Hemodialysis Technicians (SEI 486).
2.4.5. Attachment 6 applies to Hyperbaric Technicians (SEI 490).
2.4.6. Attachment 7 applies to Aeromedical Evacuation Technicians (SEI 494).
2.4.7. Attachment 8 applies to Independent Duty Medical Technicians (SEI 496).
2.4.8. Attachment 9 applies to Critical Care Technicians (SEI 487).
2.4.9. Attachment 10 applies to the Squadron Medical Element (SME) AF JQS.

2.5. Identifies in column 2 of attachments 2 through 9 which of the items in column 1 are designated as wartime (*) course tasks. **Wartime course tasks are those STS items taught during the resident (3-level) wartime course. This course is only activated in time of war. The purpose is to train new 4N031 personnel on items deemed absolutely essential in order to facilitate moving new personnel to the field as quickly as possible during a wartime situation. Wartime course tasks should <u>not</u> be confused with core tasks.**

2.6. Provides in column 3 of attachments 2 through 9 a means to record completion of tasks and knowledge training requirements in order to provide certification for OJT. Task/knowledge certification must show a certification/completed date.

2.7. Indicates formal resident training requirements in columns 4A of attachments 2 through 8. These columns specify the proficiency to be demonstrated on-the-job by the graduate as a result of training in the initial skills (3-level awarding for the basic 4N0X1 or specialty awarding for shredouts and SEIs) and advanced (7-level awarding) courses, respectively, as described in AFCAT 36-2223, *USAF Formal Schools.*

2.8. Indicates correspondence course training requirements in column 4B of attachment 2. This column specifies the proficiency to be demonstrated on-the-job by the graduate as a result of training in the 5-level awarding Career Development Courses. The course writer is not restricted to the identified subjects. Additional subjects may be included as they apply to the 4N051 career field. See AFIADL/AFSC/CDC listing maintained by each unit training manager for current CDC listings.

2.9. Indicates correspondence course training requirements in column 4C of attachment 2. This column specifies the proficiency to be demonstrated on-the-job by the graduate as a result of training in the 7-level awarding Career Development Courses. The course writer is not restricted to the identified subjects. Additional subjects may be included as they apply to the 4N071 career field. See AFIADL/AFSC/CDC listing maintained by each unit training manager for current CDC listings.
NOTE: The RAM will be used until 7-level CDC availability.

2.10. Specifies in column 4D of attachments 2 through 9 which tasks have an available Qualification Training Package (QTP) to use on-the-job for both initial and recurring skills certification purposes. The number in column 4D designates the QTP volume number that the module can be found in. When applicable, items that relate to a common task are consolidated into one QTP module.

2.11. Is a job qualification standard (JQS). Supervisors and trainees are responsible for accurate documentation within this document. When used as a JQS, the following requirements apply:

2.11.1. Circle the appropriate letter/number in column 1 of attachments 2 through 9 to identify tasks/knowledge applicable to the trainee's current duty position. **All core tasks must be circled for all 3-, 5-, and 7-level personnel (including shredouts and SEIs). This also applies to 9-levels when required to maintain an OJT record. In addition to all core tasks, circle all other STS items applicable to the member's current duty position. For formal course instructors, all core tasks and core task QTPs (at a minimum) must be trained and certified.**

2.11.2. Document task qualification by annotating the **day, month, and year** (i.e., *04 Oct 02*) training is completed in column 3B of attachments 2 through 10. The trainer, certifier, and trainee must complete the remaining blocks in column 3 as applicable. This document may be automated in whole or part to reflect duty position requirements and qualifications.

2.11.3. Trainees are trained, evaluated, and certified to the "go" level on the tasks in column 1 of attachments 2 through 9. "Go" means the trainee can perform the task without assistance and meets requirements for accuracy, competency, and timeliness. Supervisors will manage this process by assessing AFSC qualifications.

2.11.4. Trainers must be certified in the task to be trained, be recommended by the supervisor, appointed by the commander, and complete a formal trainer course.

2.11.5. Certifiers must be at least a SSgt with a 5-skill level or civilian equivalent, certified in the task being evaluated, appointed by the commander, be someone other than the trainer, and complete a formal certifier course.

2.11.6. Guidance for transcribing from old to new (or replaced) STS pages per HQ AFPC official message (Dec 98) is as follows: Use the new CFETP to identify and certify all past and current qualifications. For those tasks previously certified and required in the current duty position, evaluate current qualification and, when verified, recertify using the current date as completion date and enter the *trainee's* and *certifier's* initials. (Note: During the transcription process no training is being accomplished. Therefore, the trainer's initials are ***not*** required). For non-core/critical tasks previously certified and required in the current duty position, evaluate current qualifications and when verified, recertify using current date as completion date and enter *trainee's* and *trainer's* initials. When transcribing previous certification for tasks not required in the current duty position, carry forward only the previous completion date of certification (not the initials of another person). If and when transcribed tasks become duty position requirements, recertify using standard certification procedures. The person whose initials appear in the trainer or certifier block during the transcription process must meet the requirements of their respective roles. Upon completion of the transcription process, give the old CFETP to the member.

2.12. Is a guide for development of promotion tests used in the Weighted Airman Promotion System (WAPS). Specialty Knowledge Tests (SKTs) are developed at the USAF Occupational Measurement Squadron by senior NCOs with extensive practical experience in their career field. The tests sample knowledge of STS subject-matter areas judged by test development team members as most appropriate for promotion to higher grades. Questions are based upon study references listed in the WAPS catalog.

3. Recommendations.

3.1. Report unsatisfactory performance of individual course graduates through proper channels to 882 TRG/TTS, 939 Missile Rd. STE 2, Sheppard AFB, TX 76311-2260. Reference specific STS paragraphs when forwarding reports. For a quick response to concerns, supervisors may call the 24-hour customer service information line (CSIL), DSN 736-2385, or e-mail: 882trg.csil@sheppard.af.mil to identify graduates who may have received over or under training on task/knowledge items listed in this STS.

3.2. Report inadequacies of and suggest corrections to this STS through proper channels to the same POC listed in paragraph

Supersedes STS 4F0X1, March 1998 and 4N0X1, May 1997 and all subsequent changes.

BY ORDER OF THE SECRETARY OF THE AIR FORCE

OFFICIAL   GEORGE PEACH TAYLOR, JR.
                                                   Lieutenant General, USAF, MC, CFS
                                                   Surgeon General

Attachments:
1. Qualitative requirements
2. STS: 4N0X1 personnel
3. STS: Allergy Immunization Duty
4. STS: Neurology Duty
5. STS: Hemodialysis Duty
6. STS: Hyperbaric Duty
7. STS: Aeromedical Evacuation Duty
8. STS: Independent Duty Medical Technician
9. STS: Critical Care Technician
10. AF JQS: Squadron Medical Element (SME)
11. Training References

This Block Is For Identification Purposes Only		
Name of Trainee		
Printed Name (*Last, First, Middle Initial*)	**Initials** (*Written*)	**SSAN**
Printed Name of Certifying Official and Written Initials		
N/I	*N/I*	
N/I	*N/I*	
N/I	*N/I*	
N/I	*N/I*	
N/I	*N/I*	
N/I	*N/I*	
N/I	*N/I*	
N/I	*N/I*	

QUALITATIVE REQUIREMENTS

Proficiency Code Key		
Item	**Scale Value**	**Definition: The individual**
Task Performance Levels	1	Can do simple parts of the task. Needs to be told or shown how to do most of the task. (EXTREMELY LIMITED)
	2	Can do most parts of the task. Needs only help on hardest parts. (PARTIALLY PROFICIENT)
	3	Can do all parts of the task. Needs only a spot check of completed work. (COMPETENT)
	4	Can do the complete task quickly and accurately. Can tell or show others how to do the task. (HIGHLY PROFICIENT)
*Task Knowledge Levels	a	Can name parts, tools, and simple facts about the task. (NOMENCLATURE)
	b	Can determine step-by-step procedures for doing the task. (PROCEDURES)
	c	Can identify why and when the task must be done and why each step is needed. (OPERATING PRINCIPLES)
	d	Can predict, isolate, and resolve problems about the task. (ADVANCED THEORY)
**Subject Knowledge Levels	A	Can identify basic facts and terms about the subject. (FACTS)
	B	Can identify relationship of basic facts and state general principles about the subject. (PRINCIPLES)
	C	Can analyze facts and principles and draw conclusions about the subject. (ANALYSIS)
	D	Can evaluate conditions and make proper decisions about the subject. (EVALUATION)

Explanations:

* A task knowledge scale value may be used alone or with a task performance scale value to define a level of knowledge for a specific task. (Example: b and 1b)

** A subject knowledge scale value is used alone to define a level of knowledge for a subject not directly related to any specific task, or for a subject common to several tasks.

- This mark is used alone instead of a scale value to show that no proficiency training is provided in the course or CDC (training must be conducted through OJT).

X This mark is used alone in course columns to show that training is required but not given due to limitations in resources.

NOTE 1:   Users are responsible for annotating pen-and-ink and page inserts/deletions when specified by subsequent changes to this CFETP.

NOTE 2:   Items in Column 2 identified with a "**5**" have been identified as core tasks by the Career Field Manager and MAJCOM Aerospace Medical Service Functional Managers. These tasks must be certified for all 4N0X1 personnel, including shredouts and SEIs.

NOTE 3:   Items in Column 2 identified with a "*****" are tasks/knowledge trained in the resident wartime course.

NOTE 4:   Columns 4A, B, and C specify the level of training provided by the 3-skill level resident and Phase II courses, the 5-skill level Career Development Courses (CDCs), and the 7-skill level Career Development Course (CDC) (available Aug 03), respectively.

NOTE 5:   Column 4D identifies, when applicable, the Qualification Training Package (QTP) volume number that the identified task can be found in.

Training references (TRs) applicable to the 4N0X1 portion of the STS (areas 1 through 12) that are approved for use in course development, QTP development, and OJT are listed in attachment 11, table 1 at the end of the entire STS.

1. Tasks, Knowledge, and Technical References	2. Core (5) / War-time Tasks (*)	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level Course	B 5 Skill Level CDCs	C 7 Skill Level CDCs	D QTP
1. Mission/Organizational Structure										
1.1 Medical Doctrine							A	B	-	
1.2 USAF Aerospace Medical Service Mission: 1.2.1 AEF Aspects							-	-	B	
1.2.2 Readiness							-	-	B	
1.2.3 Air Reserve Component Roles and Relationships							-	-	B	
1.2.4 Developing Aerospace Leaders							-	-	B	
1.3 AFSC Duties: 1.3.1 4N031							A	-	-	
1.3.2 4N051							A	B	-	
1.3.3 4N071							-	B	-	
1.3.4 4N091							-	A	B	
1.3.5 4N000							-	A	B	
2. Interpersonal Relations										
2.1 AFMS customer service: 2.1.1 Determining customer needs and expectations							-	-	-	
2.1.2 Customer service basics: 2.1.2.1 Listening techniques							A	-	-	
2.1.2.2 Face-to-face contact (non-verbal communication)							A	-	-	
2.1.2.3 Telephone etiquette							A	-	-	
2.1.2.4 Initiating appropriate response in dealing with difficult customers							A	-	-	
2.2 Customer service evaluation							-	A	B	
2.3 Complaints/conflicts resolution							A	-	-	
2.4 Professional standards and ethics: 2.4.1 Standards of conduct for patient care	*						A	B	-	
2.4.2 Patient rights and responsibilities							A	B	-	
2.4.3 Death and dying	*						A	B	-	

1. Tasks, Knowledge, and Technical References	2. Core (5) / War-time Tasks (*)	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level Course	B 5 Skill Level CDCs	C 7 Skill Level CDCs	D QTP
2.5 Legal aspects of patient care: 2.5.1 Intentional Torts	*						A	B	-	
2.5.2 Consent for treatment	*						A	B	-	
2.5.3 Standards of care	*						A	B	-	
2.5.4 Living wills	*						A	B	-	
2.5.5 Durable power of attorney							A	B	-	
2.6 Professional relationships : 2.6.1 Staff/Patient interactions							A	B	-	
2.6.2 Effective communications							A	B	-	
2.6.3 Stress management							A	B	-	
2.6.4 Patient sensitivity							A	B	-	
2.6.5 Emotional support for patient and significant others							A	B	-	
2.6.6 Patient advocacy							A	B	-	
2.6.7 Cultural Diversity							A	B	-	
3. Population Health										
3.1 Health Care Systems: 3.1.1 Components of Military Healthcare System (MHS)							A	-	-	
3.1.2 Health care benefits options							A	-	-	
3.1.3 Primary Care Management (PCM) concept: 3.1.3.1 Primary care team responsibilities 3.1.3.1.1 Individual Team Member Responsibilities							A	B	-	
3.1.3.1.2 Beneficiary responsibilities							-	B	-	
3.1.4 Information systems: 3.1.4.1 Defense Enrollment and Eligibility Reporting System (DEERS)							-	A	-	
3.1.4.2 Components of Composite Health Care System (CHCS)/II							-	A	-	
3.1.4.3 Out Patient Coding							A	B	-	
3.1.5 Understand Population Health Management Principles: 3.1.5.1 Continuum of Care							-	B	-	
3.1.5.2 Needs Assessment: 3.1.5.2.1 Demand Management							-	B	-	
3.1.5.2.2 Condition/Utilization Management (UM)							-	B	-	
3.1.5.3 Disease management							A	B	-	
3.1.5.4 Referral Services							-	A	-	
4. Resource Management										
4.1 Medical Expense Personnel Reporting System (MEPRS)							-	A	-	
4.2 Manpower considerations and documents: 4.2.1 Unit Manpower Document (UMD)							-	A	B	
4.2.2 Authorization Change Request (ACR) / Authorization Change Notice (ACN)							-	A	B	
4.2.3 Unit Personnel Management Roster (UPMR)							-	A	B	
4.2.4 Manning assistance							-	-	B	
4.3 Budget Development and Management							-	A	B	
4.4 Perform daily inventory and equipment checks (e.g. crash carts,	5/*									

1. Tasks, Knowledge, and Technical References	2. Core (5) / Wartime Tasks (*)	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level Course	B 5 Skill Level CDCs	C 7 Skill Level CDCs	D QTP
ambulance, treatment room etc)							2b	b	-	
4.5 Equipment/Supply Management 4.5.1 Accountability and responsibility							-	A	-	
4.5.2 Supply/equipment records: 4.5.2.1 Activity issue/turn-in							-	A	-	
4.5.2.2 Backorder report							-	A	-	
4.5.2.3 Custody Receipt Locator List actions/custodial report listing							-	A	-	
4.5.3 Equipment Authorization List (Allowance Standard)							-	A	B	
4.5.4 Inventory							-	A	-	
4.5.5 Order and Turn-In							-	A	-	
4.5.6 Maintenance: 4.5.6.1 Operator responsibilities							-	A	-	
4.5.6.2 Reports							-	A	-	
4.5.6.3 Request repair or calibration							-	A	-	
4.5.7 Report of Survey							-	A	-	
5. Resource Protection										
5.1 Specific COMSEC/COMPUSEC/ OPSEC Vulnerabilities of AFSC							A	-	-	
5.2 Principles of general safety	*						B	-	-	
5.3 Hazard/Accident/Incident reporting							A	-	-	
5.4 Hazard Communication (HAZCOM)	*						A	B	-	
5.5 AFOSH standards for AFSC							A	B	-	
5.6 Air Force Fraud, Waste, and Abuse (FWA) Prevention and Detection							A	-	-	
6. Supervision										
6.1 Establish Work Assignments 6.1.1 Plan							-	-	c	
6.1.2 Set priorities							-	-	c	
6.1.3 Develop duty schedule							-	-	c	
6.2 Establish Work Requirements: 6.2.1 Establish position descriptions							-	-	c	
6.2.2 Establish performance standards							-	-	c	
7. Training										
7.1 Career Field Education and Training Plan (CFETP): 7.1.1 STS (Scope of Practice) overview	*						A	-	B	
7.1.2 Maintain Enlisted Training and Competency Folder (6-part folder)	5						-	B	c	
7.1.3 Documentation	5						-	B	c	
7.2 Conduct training: 7.2.1 Identify personnel for training							-	-	-	
7.2.2 Develop and present briefings for: 7.2.2.1 Professional Staff							-	a	-	
7.2.2.2 Prevention							-	a	-	
7.2.2.3 Inservice training							-	a	-	
7.3 Evaluate training effectiveness: 7.3.1 Career knowledge upgrade							-	A	B	
7.3.2 Job proficiency upgrade							-	A	B	
7.3.3 Qualification							-	A	B	
7.4 Sustainment training programs							-	B	-	
7.5 Job Inventory Survey							-	A	-	
7.6 Progression in 4N0X1 career paths: 7.6.1 Career opportunities							-	B	-	
7.6.1.1 Special duty							A	B	-	

1. Tasks, Knowledge, and Technical References	2. Core (5) / War-time Tasks (*)	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
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7.6.1.2 Special Experience Identifier (SEI)							A	B	-	
8. Basic Sciences										
8.1 Metric System	*						A	B	-	
8.2 Medical calculations: 8.2.1 Perform metric conversions	5/*						1b	-	-	
8.2.2 Calculate weights and measures	5/*						1b	-	-	
8.3 Human anatomy: 8.3.1 Descriptive terms and topographic anatomy	*						A	B	-	
8.3.2 Major organs and systems	*						A	B	-	
8.4 Physiology of cells and tissues: 8.4.1 Fluid and chemical balance	*						A	B	-	
8.4.2 Functions and adaptations of cells and tissues	*						A	B	-	
8.4.3 Thermal regulation	*						A	B	-	
8.4.4 Metabolism/energy production	*						A	B	-	
8.5 Physiology processes of life, disease, and injury: 8.5.1 Oxygenation and circulation	*						A	B	-	
8.5.2 Nutrition and elimination	*						A	B	-	
8.5.3 Activity and rest	*						A	B	-	
8.5.4 Protection and regulation	*						A	B	-	
8.5.5 Reproduction							A	B	-	
8.6 Human growth, development, and the aging process							A	B	-	
8.7 Medical documentation: 8.7.1 Medical terminology and abbreviations							B	-	-	
8.7.2 Use medical terms in reporting and recording	5/*						2b	-	-	
8.8 Basic human needs theory	*						A	-	B	
8.9 Factors that influence health: 8.9.1 Personal hygiene	*						A	-	-	
8.9.2 Environmental/community health	*						A	B	-	
8.9.3 Nutrition and exercise	*						A	B	-	
8.9.4 Psychological adjustments/mental health	*						A	B	-	
8.9.5 Substance abuse	*						A	B	-	
8.9.6 Body defenses and healing processes	*						A	B	-	
8.10 Aerospace Physiology: 8.10.1 Physics of the atmosphere							A	B	-	
8.10.2 Dysbarisms (DCS)							A	B	-	
8.10.3 Speed and Acceleration							A	B	-	
8.10.4 Spatial Disorientation							A	B	-	
8.10.5 Hyperbaric Medicine							A	B	-	
8.10.6 Hypoxia/Hyperventilation	*						A	B	-	
8.10.7 Human factors							A	B	-	
9. Patient Care Skills										
9.1 General 9.1.1 Infection Control 9.1.1.1Principles: 9.1.1.1.1 Body Substance Isolation (Standard precautions)	*						A	B	-	
9.1.1.1.2 Asepsis	*						A	B	-	

1. Tasks, Knowledge, and Technical References	2. Core (5) / War-time Tasks (*)	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
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9.1.1.1.3 Sterility of supplies/equipment	*						A	B		
9.1.1.1.4 Communicable Disease Management: 9.1.1.1.4.1 Infectious hazards reporting procedures	*						A	B	-	
9.1.1.1.4.2 Infectious processes; modes of transmission	*						A	B	-	
9.1.1.2 Perform: 9.1.1.2.1 Aseptic technique 9.1.1.2.1.1 Handwashing	5/*						3c	-	-	
9.1.1.2.1.2 Don/doff gloves 9.1.1.2.1.2.1 Sterile	5/*						2b	-	-	
9.1.1.2.1.2.2 Non-sterile	5/*						2b	-	-	
9.1.1.2.1.3 Don/doff Isolation gown							2b	-	-	
9.1.1.2.1.4 Set-up/Maintain sterile field	*						2b	-	-	
9.1.1.2.2 Prepare supplies/equipment for sterilization	*						1b	c	-	
9.1.1.2.3 Sterilization procedures	*						a	b	-	
9.1.1.2.4.Disinfection procedures	*						a	b	-	
9.1.1.2.5 Disposition of contaminated materials	5/*						2b	b	-	
9.1.1.2.6 Cleaning patient unit							b	b	-	
9.1.1.2.7 Isolation precautions	*						2b	c	-	
9.1.1.2.8 Housekeeping duties on nursing unit/clinic							-	-	-	
9.1.2 Measure and record patient parameters: 9.1.2.1 Temperature	5/*						3c	c	-	
9.1.2.2 Pulse rate	5/*						3c	c	-	
9.1.2.3 Respiratory rate	5/*						3c	c	-	
9.1.2.4 Blood pressure: 9.1.2.4.1 Auscultation	5/*						3c	c	-	
9.1.2.4.2 Palpation	5/*						3c	c	-	
9.1.2.5 Height (standing) and weight	5/*						3c	c	-	
9.1.2.6 Buttocks to Knee Measurement							-	b	-	
9.1.2.6.1 Anthropometric Measurement							-	-	-	
9.1.2.7 Orthostatic vital signs	5/*						b	c	-	
9.1.2.8 Neuro checks	5/*						2b	c	-	
9.1.2.9 Pulse oximetry/oxygen saturation							2b	c	-	
9.1.2.10 Intake and output	*						2b	c	-	
9.1.2.11 Body/abdominal girth							-	b	-	
9.1.2.12 Perform pulmonary function tests (PFT)							-	b	-	
9.1.2.13 Perform 12-lead EKG	5/*						2b	b	-	
9.1.2.14 Peak expiratory flow	*						b	b	-	
9.1.3 Specimen collection 9.1.3.1 Assist with collection of: 9.1.3.1.1 Cerebral spinal fluid (CSF)							-	b	-	
9.1.3.1.2 Cytology							-	b	-	
9.1.3.1.3 Prepare requisitions for tests/ procedures							-	-	-	
9.1.3.2 Perform: 9.1.3.2.1 Collect and label: 9.1.3.2.1.1 Emesis							-	b	-	
9.1.3.2.1.2 Urine							-	b	-	
9.1.3.2.1.3 Sputum							-	b	-	

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1. Tasks, Knowledge, and Technical References	2. Core (5) / War-time Tasks (*)	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
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9.1.3.2.1.4 Stool							-	b	-	
9.1.3.2.1.5 Drainage							-	b	-	
9.1.3.2.1.6 Blood from venipuncture	5/*						2b	b	-	
9.1.3.2.1.7 Throat culture							2b	b	-	
9.1.3.2.1.8 Rapid Strep Test							-	a		
9.1.3.2.2 Strain urine for calculi							-	b	-	
9.1.3.2.3 Test urine for sugar and acetone							-	c	-	1
9.1.3.2.4 Test urine for specific gravity							-	c	-	1
9.1.3.2.5 Hematests							-	b	-	1
9.1.3.2.6 Perform finger stick for blood sampling							-	b	-	1
9.1.3.2.7 Perform heel stick for blood sampling							-	-	-	1
9.1.3.2.8 Use blood glucose meter							b	c	-	1
9.1.4 Medications and fluid therapy under supervision of nurse or physician: 9.1.4.1 Principles: 9.1.4.1.1 Safety factors in administration of medications and fluid therapy	*						B	B	-	1
9.1.4.1.2 Pharmacological abbreviations	*						A	B	-	1
9.1.4.1.3 Medication actions, side effects, and guidelines for administration: 9.1.4.1.3.1 Analgesics	*						A	B	-	
9.1.4.1.3.2 Sedatives and hypnotics	*						A	B	-	
9.1.4.1.3.3 Vaccines	*						A	B	-	
9.1.4.1.3.4 Antiarrythmics	*						A	B	-	
9.1.4.1.3.5 Antiinfectives and antibiotics	*						A	B	-	
9.1.4.1.3.6 Cathartics and stool softeners	*						A	B	-	
9.1.4.1.3.7 Local anesthetic agents	*						A	B	-	
9.1.4.1.3.8 Psychotherapeutic agents	*						A	B	-	
9.1.4.1.3.9 Insulin and oral hypoglycemics	*						A	B	-	
9.1.4.1.3.10 Anticoagulants	*						A	B	-	
9.1.4.1.3.11 Antacids	*						A	B	-	
9.1.4.1.3.12 Antihypertensives	*						A	B	-	
9.1.4.1.3.13 Antiemetics	*						A	B	-	
9.1.4.1.3.14 Antidiarrheal	*						A	B	-	
9.1.4.1.3.15 Antiinflammatory	*						A	B	-	
9.1.4.1.3.16 Emetics							A	B	-	
9.1.4.2 Intravenous fluid and blood administration: 9.1.4.2.1 Assist with blood administration 9.1.4.2.1.1 Obtain blood/blood products from blood bank							-	b	-	1
9.1.4.2.1.2 Set-up blood warmer and pump							-	b	-	1
9.1.4.2.1.3 Monitor blood transfusion							-	c	-	1
9.1.4.2.2 Intravenous Therapy 9.1.4.2.2.1 Set-up, regulate and monitor intravenous fluid administration	5/*						2b	c	-	1
9.1.4.2.2.2 Initiating peripheral intravenous infusion	5/*						1b	c	-	1
9.1.4.2.2.3 Apply armboard or restraints to secure infusion	*						2b	b	-	1
9.1.4.2.2.4 Set-up and regulate infusion										

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1. Tasks, Knowledge, and Technical References	2. Core (5) / War-time Tasks (*)	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
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pumps/controllers							2b	b	-	1
9.1.4.2.2.5 Set-up and regulate infusion pressure bag	*						2b	b	-	1
9.1.4.2.2.6 Change intravenous fluid bags/bottles	5/*						2b	b	-	1
9.1.4.2.2.7 Discontinue intravenous infusion	5/*						2b	b	-	1
9.1.4.3 Perform: 9.1.4.3.1 Calculate dosages	5/*						1b	c	-	1
9.1.4.3.2 Prepare and administer: 9.1.4.3.2.1 Oral medication	*						b	c	-	1
9.1.4.3.2.2 Subcutaneous injection	5/*						2b	c	-	1
9.1.4.3.2.3 Intramuscular injection	5/*						2b	c	-	1
9.1.4.3.2.4 Intradermal injection							-	c	-	1
9.1.4.3.2.5 Agents in prefilled or Tubex syringes (e.g. Epipen)	5/*						2b	c	-	1
9.1.4.3.2.6 Rectal suppository							b	c	-	1
9.1.4.3.2.7 Vaginal suppository							-	c	-	1
9.1.4.3.2.8 Vaginal douche for medication delivery							-	c	-	1
9.1.4.3.2.9 Ophthalmic ointments and drops	*						2b	c	-	1
9.1.4.3.2.10 Otic drops	*						2b	c	-	1
9.1.4.3.2.11 Topical medication	*						2b	c		1
9.1.4.3.2.12 Inhaled medication: 9.1.4.3.2.12.1 Via updraft nebulizer	*						2b	c	-	1
9.1.4.3.2.12.2 Via prescribed inhaler							2b	c	-	3
9.1.4.3.2.13 Intravenous medication							-	c	-	
9.1.4.3.2.14 Sublingual medication							2b	c	-	3
9.1.4.3.2.15 Emetics							-	c	-	
9.1.4.3.3 Document medication administration and fluid therapy	5/*						2b	c	-	1
9.1.5 Patient transfer techniques: 9.1.5.1 Principles of proper body mechanics	*						A	B	-	
9.1.5.2 Mechanical aids for lifting and moving							-	B	-	
9.1.5.3 Assist to and from: 9.1.5.3.1 Bed	*						2b	c	-	
9.1.5.3.2 Wheelchair/geriatric chair	*						2b	c	-	
9.1.5.3.3 Bathtub/commode	*						2b	c	-	
9.1.5.3.4 Automobile	*						2b	c	-	
9.1.5.3.5 Ambulance	*						2b	c	-	
9.1.5.3.6 Stretcher/gurney	*						2b	c	-	
9.1.5.3.7 Examining table	*						2b	c	-	
9.1.5.4 Perform: 9.1.5.4.1 Ambulate patients	*						2b	c	-	
9.1.5.4.2 Prepare patient with special equipment for transfer with: 9.1.5.4.2.1 Cardiac monitor	*						2b	c	-	
9.1.5.4.2.2 Oxygen	*						2b	c	-	
9.1.5.4.2.3 Drainage system	*						2b	c	-	
9.1.5.4.2.4 Intravenous lines	*						2b	c	-	
9.1.5.4.2.5 Immobilization devices	*						2b	c	-	
9.1.5.4.3 Move patients on/off elevators in wheelchair/stretcher	*						2b	c	-	

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9.1.6 Medical examinations/special procedures: 9.1.6.1 Assemble supplies and equipment/Assist with: 9.1.6.1.1 Basic physical examination	5/*						2b	c	-	
9.1.6.1.2 Chest tube insertion/water seal drainage	*						a	-	-	2
9.1.6.1.3 Pelvic examination							a	b	-	
9.1.6.1.4 Paracentesis/thoracentesis							-	b	-	
9.1.6.1.5 Lumbar puncture							-	b	-	
9.1.6.1.6 Biopsy							a	b	-	
9.1.6.1.7 Tympanometry							-	a	-	
9.1.6.1.8 Incentive spirometer							-	b	-	
9.1.6.1.9 Sitz bath							-	-	-	
9.1.6.1.10 Minor surgery	*						b	c	c	
9.1.6.1.11 Sigmoidoscopy, proctoscopy, and colonoscopy							-	b	-	14
9.1.6.1.12 Bronchoscopy							-	b	-	
9.1.6.2 Perform: 9.1.6.2.1 Endotracheal care							-	b	-	
9.1.6.2.2 Tracheostomy care							-	b	-	
9.1.6.2.3 Draw radial arterial blood gas (ABG) sample percutaneously							-	b	-	2
9.1.7 Wound management: 9.1.7.1 Principles of: 9.1.7.1.1 Soft tissue injuries	*						A	B	-	
9.1.7.1.2 Complicated wounds	*						A	B	-	
9.1.7.2 Perform: 9.1.7.2.1 Wound evaluation	5/*						b	c	-	
9.1.7.2.2 Burns evaluation	5/*						b	c	-	
9.1.7.2.3 Wound irrigation/scrub	5/*						2b	c	-	
9.1.7.2.4 Wound debridement	*						a	b	-	
9.1.7.2.5 Burn debridement	*						a	b	-	
9.1.7.2.6 Subungual hematoma evacuation							-	b	-	
9.1.7.2.7 Vacuum drainage system set-up/monitor							-	b	-	
9.1.7.2.8 Local anesthetic agents administration: 9.1.7.2.8.1 Topical							-	b	-	2
9.1.7.2.8.2 Local infiltration							-	b	-	2
9.1.7.2.8.3 Digital block							-	b	-	2
9.1.7.2.9 Wound closure: 9.1.7.2.9.1 Approximate wound edges with sterile tape strips							-	b	-	
9.1.7.2.9.2 Suture laceration							-	b	-	2
9.1.7.2.9.3 Care of sutures and staples in wound management	*						a	b	-	2
9.1.7.2.9.4 Remove sutures and staples	*						2b	b	-	2
9.1.7.2.10 Apply and change sterile dressing: 9.1.7.2.10.1 Dry	5/*						2b	c	-	
9.1.7.2.10.2 Wet-to-damp	*						a	b	-	
9.1.7.2.10.3 Wet-to-wet	*						a	b	-	
9.1.7.2.11 Apply heat and cold treatments	5/*						2b	c	-	

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9.1.8 Considerations for patients with special limitations and problems: 9.1.8.1 Hazards of immobility	*						A	B	-	
9.1.8.2 Visually impaired	*						A	B	-	
9.1.8.3 Hearing impaired	*						A	B	-	
9.1.8.4 Diabetic	*						A	B	-	
9.1.8.5 Paralyzed	*						A	B	-	
9.1.8.6 Elderly							A	B	-	
9.1.8.7 Infant/child							A	B	-	
9.1.8.8 Mental health	*						A	B	-	
9.1.8.9 Cancer							A	B	-	
9.1.8.10 Seizure	*						A	B	-	
9.1.8.11 Amputees	*						A	B	-	
9.1.8.12 Unconscious patient	*						A	B	-	
9.1.8.13 Immunodeficiency disorder							A	B	-	
9.1.8.14 Dialytic therapy							-	B	-	
9.1.8.15 Abusive/self-abusive	*						A	B	-	
9.1.8.16 Electrosensitive patient							A	A	-	
9.1.8.17 Terminally ill patient	*						A	B	-	
9.1.9 Pre and postoperative care 9.1.9.1 Assist with: 9.1.9.1.1 Duties on preoperative checklist	*						b	c	-	
9.1.9.1.2 Anesthesia-related safety measures	*						b	c	-	
9.1.9.1.3 Pulmonary toilet exercises							a	b	-	
9.1.9.2 Perform: 9.1.9.2.1 Preoperative instruction	*						b	c	-	
9.1.9.2.2 Preoperative shaves/scrubs	*						b	c	-	
9.1.9.2.3 Observation and reporting of postoperative complications	*						b	c	-	
9.1.10 Obstetrical patient care 9.1.10.1 Set-up and assist with: 9.1.10.1.1 Labor and delivery: 9.1.10.1.1.1 Hospital							-	-	-	
9.1.10.1.1.2 Field	*						2b	-	-	
9.1.10.1.2 Emergency cesarean section							-	-	-	
9.1.10.2 Perform: 9.1.10.2.1 Patient monitoring during labor							-	-	-	
9.1.10.2.2 Fetal heart tone monitoring							-	-	-	
9.1.10.2.3 Delivery room cleaning							-	-	-	
9.1.11 Newborn care 9.1.11.1 Assist with APGAR assessment	*						2b	-	-	
9.1.11.2 Perform: 9.1.11.2.1 Prevent hypothermia	*						2b	-	-	
9.1.11.2.2 Suctioning	*						2b	-	-	
9.1.11.2.3 Identification procedures							-	-	-	
9.1.11.2.4 Obtain body measurements							-	-	-	
9.1.11.2.5 Bathe infant							-	-	-	
9.1.11.2.6 Administer hemorrhagic/ ophthalmic prophylaxis							-	-	-	
9.1.11.2.7 Umbilical cord care							-	-	-	
9.1.11.2.8 Operate incubators (fixed/ transport)/infant care center							-	-	-	
9.1.11.2.9 Set-up and monitor oxygen levels on newborn							-	-	-	

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9.1.11.2.10 Set-up phototherapy							-	-	-	
9.1.11.2.11 Set-up for circumcision							-	-	-	
9.1.11.2.12 Infant abduction/protection procedures							-	-	-	
9.1.12 Orthopedic procedures 9.1.12.1 Teach and assist patients ambulating with walkers, canes, and crutches	5/*						2b	c	-	
9.1.12.2 Perform: 9.1.12.2.1 Place patient on fracture bedpan							-	b	-	
9.1.12.2.2 Apply simple splint	5/*						a	b	-	
9.1.12.2.3 Apply/remove simple cast: 9.1.12.2.3.1 Short arm							-	b	-	3
9.1.12.2.3.2 Long arm							-	b	-	3
9.1.12.2.3.3 Short leg							-	b	-	3
9.1.12.2.3.4 Long leg							-	b	-	3
9.1.12.2.3.5 Thumb spica							-	b	-	3
9.1.12.2.4 Bivalve cast							-	b	-	3
9.1.12.2.5 Trim/petal cast							-	b	-	3
9.1.12.2.6 Apply elastic wraps	*						2b	c	-	
9.1.12.2.7 Measure for crutches	5/*						2b	c	-	
9.1.12.2.8 Apply/remove orthopedic braces							-	-	-	
9.1.13 Nutrition and elimination procedures 9.1.13.1 Patient dietary considerations							A	B	-	
9.1.13.2 Nasogastric tube: 9.1.13.2.1 Insert							b	c	-	
9.1.13.2.2 Irrigate							1b	c	-	
9.1.13.2.3 Remove							b	c	-	
9.1.13.3 Administer cleansing enema							-	c	-	
9.1.13.4 Perform colostomy care							-	b	-	
9.1.13.5 Check for/remove fecal impaction							-	-	-	
9.1.13.6 Apply/insert and remove: 9.1.13.6.1 External condom catheter							-	-	-	
9.1.13.6.2 Foley catheter	*						2b	c	-	
9.1.13.6.3 Straight catheter							a	c	-	
9.1.13.7 Maintain closed urinary drainage system	*						2b	c	-	2
9.1.14 Perform Basic Life Support	5/*						2b	-	-	
9.1.15 Cardiovascular Procedures: 9.1.15.1 Assist with central venous monitoring set-up							-	-	-	
9.1.15.2 Perform: 9.1.15.2.1 Measure central venous/arterial pressures							-	-	-	
9.1.15.2.2 Set-up: 9.1.15.2.2.1 Cardiac monitor/defibrillator	5/*						1a	b	-	
9.1.15.2.2.2 External pacemaker							1a	b	-	
9.1.16 Patient restraint procedures: 9.1.16.1 Apply protective/restraining devices	*						b	b	-	
9.1.16.2 Use manual restraints/holds	*						b	b	-	
9.1.17 Perform postmortem care							-	b	-	

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9.1.18 Planning patient care: 9.1.18.1 Patient care plans							A	B	C	
9.1.18.2 Perform: 9.1.18.2.1 Patient admission, discharge, and transfer	*						2b	c	-	
9.1.18.2.2 Suggest approaches in planning patient care							2b	c	-	
9.1.18.2.3 Identify problems and special needs	*						2b	c	-	
9.1.18.2.4 Instruct patients regarding tests and procedures							1a	b	-	
9.1.18.2.5 Aeromedical evacuation procedures							-	b	-	
9.1.19 EENT Procedures: 9.1.19.1 Assist with endotracheal intubation							-	-	-	
9.1.19.2 Perform visual acuity	*						2b	c	-	
9.1.19.3 Perform fluorescein eye stain	*						b	c	-	
9.1.19.4 Irrigate ears							b	-	-	
9.1.20 Pain management measures							-	-	-	
9.1.21 Oxygen Therapy: 9.1.21.1 Assemble fixed and portable oxygen delivery systems	5/*						3c	c	-	
9.1.21.2 Interchange fixed and portable oxygen delivery systems	5/*						3c	c	-	
9.1.21.3 Nasal cannula	5/*						3c	c	-	
9.1.21.4 Simple face mask							3c	c	-	
9.1.21.5 Nonrebreathing mask	5/*						3c	c	-	
9.1.21.6 Venturi mask							a	b	-	
9.1.22 Sponge for fever/tepid bath							-	-	-	
9.2 Inpatient										
9.2.1 Patient instruction or guidance: 9.2.1.1 Patient orientation to hospital: 9.2.1.1.1 Unit orientation and policy							-	-	-	
9.2.1.1.2 Fire/disaster evacuation plan							-	-	-	
9.2.2 Maintain inpatient medical records							-	-	-	
9.2.3 Patient safety, comfort, and hygiene: 9.2.3.1 Assist with bedpan and urinal	*						2b	-	-	
9.2.3.2 Perform: 9.2.3.2.1 Making beds 9.2.3.2.1.1 Unoccupied	*						b	-	-	
9.2.3.2.1.2 Occupied	*						2b	-	-	
9.2.3.2.1.3 Surgical	*						b	-	-	
9.2.3.2.1.4 A/E litter							-	-	-	
9.2.3.2.2 Giving bed bath	*						2b	-	-	
9.2.3.2.3 Giving skin care: 9.2.3.2.3.1 Back massage							b	-	-	
9.2.3.2.3.2 Perineal hygiene (male/female)							b	-	-	
9.2.3.2.3.3 Shampoo							b	b	-	
9.2.3.2.3.4 Shave							b	b	-	
9.2.3.2.3.5 Foot care							b	b	-	
9.2.3.2.3.6 Give oral hygiene	*						2b	-	-	
9.2.3.2.3.7 Turn and position patient	*						2b	-	-	
9.2.4 Nutrition and elimination related										

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procedures: 9.2.4.1 Assist with patient feeding							-	b	-	
9.2.4.2 Perform: 9.2.4.2.1 Prepare patient for meal							b	-	-	
9.2.4.2.2 Passing water/appropriate fluids							b	-	-	
9.2.4.2.3 Bottle feeding infant							-	-	-	
9.2.4.2.4 Tube feeding							-	b	-	
9.2.4.2.5 Administering retention enema							-	b	-	
9.2.4.2.6 Continuous/intermittent bladder irrigations							-	b	-	
9.2.5 Pulmonary procedures: 9.2.5.1 Set-up and operate mechanical ventilator							-	-	-	
9.2.5.2 Monitor patient on mechanical ventilator							-	-	-	
9.2.5.3 Perform chest percussion and postural drainage							-	b	-	
9.2.5.4 Obtain ABG sample from arterial line manifold							-	b	-	2
9.2.5.5 Set-up and operate oxygen/ compressed air: 9.2.5.5.1 Hood							-	b	-	
9.2.5.5.2 Croup tent							-	b	-	
9.2.5.5.3 Humidified oxygen	*						a	b	-	
9.2.6 Cardiovascular procedures 9.2.6.1 Assist with: 9.2.6.1.1 Arterial line insertion							-	a	-	2
9.2.6.1.2 Central venous line insertion							-	a	-	2
9.2.6.1.3 Pulmonary artery catheter insertion							-	a	-	2
9.2.6.2 Perform: 9.2.6.2.1 Pulmonary artery pressure measurements							-	a	-	2
9.2.6.2.2 Cardiac output measurements							-	a	-	2
9.2.6.2.3 Pulmonary artery wedge pressure							-	a	-	
9.2.6.2.4 Elastic stockings application							-	c	-	
9.2.6.2.5 Pneumatic stocking device application/removal	*						b	c	-	
9.2.7 Musculoskeletal 9.2.7.1 Set-up skeletal traction							-	-	-	
9.2.7.2 Check/correct traction alignments/weights							-	-	-	
9.2.7.3 Apply skin traction							-	a	-	
9.2.7.4 External fixation device and pin care							-	c	-	
9.2.7.5 Position patient with head halter/cervical tongs							-	c	-	
9.2.7.6 Instruct patients regarding isometric or active exercises							-	c	-	
9.2.7.7 Perform passive or passive assisted exercise							-	c	-	
9.2.7.8 Use constant motion device (CMD)							-	-	-	
9.3 Outpatient										
9.3.1 Administrative procedures:										

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9.3.1.1 Medical Disposition review 9.3.1.1.1 Admission and Disposition Sheet							A	B	-	
9.3.1.1.2 Emergency Room Log							A	B	-	
9.3.1.1.3 Care provided outside PCM							A	B	-	
9.3.1.2 Outpatient health records maintenance 9.3.1.2.1 Non-flying	*						b	c	-	
9.3.1.2.2 Fly	*						b	c	-	
9.3.1.2.3 Special operational duty (SOD) personnel	*						b	c	-	
9.3.1.2.4 Prepare and document: 9.3.1.2.4.1 SF 600, Report of Care and Treatment										
9.3.1.2.4.1.1 General use	5/*						2b	b	-	
9.3.1.2.4.1.2 SOAPP note	5/*						2b	c	-	
9.3.1.2.4.1.3 Care extender protocol							2b	b	-	
9.3.1.2.4.2 SF 507, Continuation Sheet							b	b	-	
9.3.1.2.4.3 AF 422, Physical Profile Serial Report	5/*						2b	c	-	
9.3.1.2.4.4 SF 558, Emergency and Treatment Record							-	b	-	
9.3.1.2.4.5 AF Form 1480A or DD Form 2766/2766C, Adult Preventive and Chronic Care Flowsheet	5/*						2b	c	-	
9.3.1.2.4.6 SF 88, Report of Medical Examination	5						1b	c	-	
9.3.1.2.4.7 SF 93, Report of Medical History	5						2b	c	-	
9.3.1.3 Preventive Health Assessment (PHA) 9.3.1.3.1 Update PIMR database							b	b	-	
9.3.1.3.2 Coordination with Unit Health Monitors (UHM)							-	a	-	
9.3.1.3.3 Schedule PHA							-	a	-	
9.3.1.3.4 Conduct Squadron and work center visits							-	b	-	
9.3.1.3.5 Conduct medical record reviews	5/*						1b	c	-	
9.3.1.3.6 Preventive based screening grid							A	B	-	
9.3.1.3.7 Military (mobility) unique requirements	*						A	B	-	
9.3.1.3.8 Conduct patient interview	5/*						2b	c	-	
9.3.1.3.9 Record medical history	5/*						2b	c	-	
9.3.1.3.10 Provide primary preventive counseling							2b	c	-	
9.3.2 Clinical Procedures: 9.3.2.1 Cycloplegic Refractions							A	-	-	
9.3.2.2 Hearing Conservation program							A	B	-	
9.3.2.3 Perform: 9.3.2.3.1 Immunizations (documented in 13.2 of this CFETP/TR DL Course)							-	b	-	

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9.3.2.3.2 Pseudofolliculitis barbae (PFB) treatments							-	b	-	4
9.3.2.3.3 Wart (verrucae) treatments							-	b	-	4
9.3.2.3.4 Visual Screening 9.3.2.3.4.1 Optic Vision Tester (OVT): 9.3.2.3.4.1.1 Visual acuities	*						2b	b	-	
9.3.2.3.4.1.2 Phorias							b	b	-	
9.3.2.3.4.1.3 Depth perception							b	b	-	
9.3.2.3.4.2 Pseudo-Isochromatic Plates							2b	b	-	
9.3.2.3.4.3 Amsler's Grid							2b	b	-	
9.3.2.3.4.4 Accommodation							b	b	-	
9.3.2.3.4.5 Point of Convergence							b	b	-	
9.3.2.3.4.6 Visual fields							b	b	-	
9.3.2.3.4.7 Tonometry							-	b	-	
9.3.2.3.4.8 Cockpit vision test (near)							-	b	-	
9.3.2.3.5 Reading Aloud Test (RAT)							A	-	-	
9.3.2.3.6 Footprinting							-	-	-	
9.4 Emergency Medical Services (EMS)										
9.4.1 Principles: 9.4.1.1 Structure of EMS							B	-	-	
9.4.1.2 Emergency care considerations: 9.4.1.2.1 Toxicological	*						A	B	-	
9.4.1.2.2 Environmental	*						A	B	-	
9.4.1.2.3 Hazardous materials (HAZMAT)							A	B	-	3
9.4.1.2.4 Bites, stings, and skin irritations	*						A	B	-	
9.4.1.2.5 Violent crimes	*						A	B	-	
9.4.1.2.6 OB/GYN	*						A	B	-	
9.4.1.2.7 Behavioral	*						A	B	-	
9.4.1.2.8 Orthopedics	*						A	B	-	
9.4.1.2.9 Eyes, ears, nose, and throat (EENT)	*						A	B	-	
9.4.1.2.10 Dental	*						A	B	-	
9.4.1.2.11 Pediatrics							A	B	-	
9.4.1.2.12 Geriatrics							A	B	-	
9.4.1.3 In-flight emergency/mishap procedures	*						-	B	-	
9.4.1.4 Ambulance operations: 9.4.1.4.1 Dispatch	*						A	B	-	
9.4.1.4.2 Vehicle operations: 9.4.1.4.2.1 Inspections	*						A	B	-	
9.4.1.4.2.2 Emergency driving	*						A	B	-	
9.4.1.4.2.3 Flight line operations							-	B	-	
9.4.1.4.2.4 Communication systems	*						A	B	-	
9.4.1.4.3 Response team duties							-	B	-	
9.4.1.4.4 Supply and equipment maintenance							A	B	-	
9.4.1.4.5 Plot grid maps							-	B	-	
9.4.2 Emergency care procedures: 9.4.2.1 Prehospital emergency care							B	B	-	
9.4.2.2 Prehospital/Field triage	5/*						2b	b	-	3
9.4.2.3 Administer initial patient care:										

1. Tasks, Knowledge, and Technical References	2. Core (5) / War-time Tasks (*)	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level Course	B 5 Skill Level CDCs	C 7 Skill Level CDCs	D QTP
9.4.2.3.1 Patient assessment	5/*						3c	c	-	
9.4.2.3.2 Simple extrication	5/*						3c	c	-	
9.4.2.3.3 Observe and monitor patient	5/*						3c	c	-	
9.4.2.4 Operate Auto/Semiautomated External Defibrillator (A/SAED)	5/*						3c	c	-	3
9.4.2.5 Pulmonary assessments and procedures: 9.4.2.5.1 Breath sounds	5/*						2b	B	-	
9.4.2.5.2 Abnormal respirations/oxygen deficit	5/*						b	c	-	
9.4.2.5.3 Position head and neck to open/maintain airway	5/*						3c	c	-	
9.4.2.5.4 Set-up suctioning equipment	5/*						3c	c	-	
9.4.2.5.5 Suction oral/nasal pharynx	5/*						3c	c	-	
9.4.2.5.6 Insert nasopharyngeal airway	5/*						3c	c	-	
9.4.2.5.7 Insert oropharyngeal airway	5/*						3c	c	-	
9.4.2.5.8 Insert Pharyngo-Trachea Lumen and combi-tube airway							-	b	-	
9.4.2.5.9 Ventilate patient with pocket mask	5/*						3c	c	-	
9.4.2.5.10 Ventilate patient with bag-valve-mask	5/*						3c	c	-	
9.4.2.5.11 Ventilate patient with flow restricted oxygen powered ventilation device (FROPVD)							b	c	-	
9.4.2.5.12 Aviator's positive-pressure mask							-	b	-	
9.4.2.6 Shock and control of bleeding: 9.4.2.6.1 Apply pressure dressing	5/*						3c	c	-	
9.4.2.6.2 Elevate bleeding part	5/*						3c	c	-	
9.4.2.6.3 Use pressure points to control bleeding	5/*						3c	c	-	
9.4.2.6.4 Apply tourniquet	5/*						3c	c	-	
9.4.2.6.5 Place patient in shock position	5/*						3c	c	-	
9.4.2.6.6 Apply/remove antishock garment with medical direction							b	c	-	
9.4.2.6.7 Control bleeding from shunt or invasive monitoring/therapy line							a	b	-	
9.4.2.7 EENT emergency care procedures: 9.4.2.7.1 Remove contact lenses	*						a	b	-	
9.4.2.7.2 Irrigate eyes	5/*						2b	c	-	3
9.4.2.7.3 Patch eyes	5/*						2b	c	-	
9.4.2.7.4 Control anterior nasal hemorrhage with pressure	*						2b	c	-	
9.4.2.8 Management of orthopedic injuries: 9.4.2.8.1 Assess for sprains, strains, and fractures	5/*						3c	c	-	
9.4.2.8.2 Apply cervical collar	5/*						3c	c	-	
9.4.2.8.3 Apply soft splints	5/*						3c	c	-	
9.4.2.8.4 Apply traction splints	5/*						3c	c	-	
9.4.2.8.5 Apply rigid splints	5/*						3c	c	-	
9.4.2.8.6 Apply extrication device	5/*						3c	c	-	
9.4.2.8.7 Apply/transport patient on long spine board	5/*						3c	c	-	

1. Tasks, Knowledge, and Technical References	2. Core (5) / War-time Tasks (*)	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level Course	B 5 Skill Level CDCs	C 7 Skill Level CDCs	D QTP
9.4.2.8.8 Apply/transport patient on breakaway stretcher	5*						3c	c	-	
9.4.2.9 Manage multisystem trauma	5/*						3c	c	-	
9.4.2.10 Manage burns	5/*						3c	c	-	
10. Aerospace Medicine										
10.1 Principles: 10.1.1 Mission/responsibilities							A	-	-	
10.1.2 Aerospace Crew Positions/Duties							A	-	-	
10.1.3 Flying/Special Operational Duty (SOD) Safety Program 10.1.3.1 Principles and hazards							-	A	-	
10.1.3.2 Flying							-	A	-	
10.1.3.3 SOD							-	A	-	
10.2 Participate in Flight/SOD Operations 10.2.1 Orientation flights							-	-	-	
10.2.2 Alert tours							-	-	-	
10.2.3 Life support section							-	A	-	
10.2.4 Flight line							-	A	-	
10.2.5 Special Operational Facilities							-	A	-	
10.3 Evaluate and Report Aeromedical Conditions in the following Flight Related Environments: 10.3.1 Squadron/alert Facilities							-	A	-	
10.3.2 Air Traffic Control facilities							-	A	-	
10.3.3 Life support section							-	A	-	
10.3.4 Flight line							-	A	-	
10.3.5 Special Operational facilities							-	A	-	
10.3.6 Non-clinical activities							-	B	-	
10.4 Aircrew/SOD contact lens program							-	B	-	
10.5 Aircraft/Missile mishap investigation 10.5.1 Maintain kits							-	b	-	
10.5.2 Assist on-scene	*						a	b	c	
10.5.3 Prepare reports	*						a	b	c	
10.5.4 Medical processing 10.5.4.1 Survivors	*						a	b	c	
10.5.4.2 Fatalities	*						a	b	c	
10.5.4.3 Pathological specimens	*						a	b	c	
10.6 Aeromedical dispositions 10.6.1 Flying or Special Operational Duty Log (AF Form 1041)							-	A	-	
10.6.2 Medical Recommendation for Flying or Special Operational Duty (AF Form 1042)							-	A	-	
10.6.3 Waiver Disposition							-	A	-	
10.6.4 Aeromedical Consultation Service Referrals							-	-	-	
11. Medical Standards										
11.1 Types of Physical Examinations: 11.1.1 Fly							A	B	-	
11.1.2 Special operational duty							A	B	-	
11.1.3 Non-flying							A	B	-	
11.2 Dental Examinations and Classifications							A	-	-	
11.3 Apply Medical Standards	*						1b	b	c	
11.4 Medical Evaluation Boards 11.4.1 General Responsibility							A	-	B	

1. Tasks, Knowledge, and Technical References	2. Core (5) / War-time Tasks (*)	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level Course	B 5 Skill Level CDCs	C 7 Skill Level CDCs	D QTP
11.4.2 Determine Need							A	-	B	
11.4.3 Physical Exam Board Liaison Officer (PEBLO) Responsibility							-	A	B	
11.4.4 Line of Duty Determination	*						A	B	-	
11.4.5 Record Review in lieu of board							-	A	B	
11.4.6 Disposition: 11.4.6.1 Temporary Disability Retirement Limitations (TDRL)							-	A	B	
11.4.6.2 Assignment Limitation Code C							-	A	B	
11.4.7 Imminent Death Processing							-	A	-	
11.5 Review medical treatment records: 11.5.1 Incoming and outgoing PCS assignments	*						B	B	-	
11.5.2 Medical clearances 11.5.2.1 Personnel Reliability Program (PRP) 11.5.2.1.1 Program Management							-	c	-	
11.5.2.1.2 Identify Potential Disqualifying Information (PDI)	*						a	c	-	
11.5.2.1.3 Management of PDI	*						a	c	-	
11.5.2.2 Security							A	B	-	
11.5.2.3 Mobility/Deployment	*						A	B	B	
11.6 Maintain suspense Files 11.6.1 Waiver/Follow-up Suspense actions							-	a	b	
11.6.2 Assignment Availability Code Roster 4T							-	a	b	
11.6.3 31-81 profiles							-	a	b	
12. Administrative Skills										
12.1 Basic computer skills: 12.1.1 Keyboarding							a	-	-	
12.1.2 Word processing							-	-	-	
12.1.3 Computer generated products							-	-	-	
12.1.4 Electronic communication							A	-	-	
12.2 Prepare, review, and edit written: 12.2.1 Correspondence							-	a	-	
12.2.2 Reports							-	-	-	
12.2.3 Records/logs							-	-	-	
12.2.4 Policies/Procedures							-	a	-	
12.3 Information Management – computer files, file plans, storage							-	a	-	

NOTE 1: Allergy/Immunization (A/I) Technicians are responsible to maintain appropriate patient care skills (core tasks), and supervisory skills listed in attachment 2 of this STS and must maintain current minimum certification as an NREMT-B.

NOTE 2: This attachment applies to all personnel who have completed formal training and are currently being utilized as an A/I technician.

NOTE 3: Section 13.2. of this attachment applies to all personnel trained as an immunization back-up technician.

Training references (TRs) applicable to the 4N0X1A portion of the STS (area 13) that are approved for use in course development, QTP development, and OJT are listed in attachment 11, table 2 at the end of the entire STS.

1. Tasks, Knowledge, and Technical References	2. Core (5) / War-time (*) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A A/I Course	B N/A	C N/A	D QTP Volume Number
13. ALLERGY/IMMUNIZATION SPECIALTY										
13.1 Allergy: 13.1.1 Principles of allergies: 13.1.1.1 Classes of allergic reaction: 13.1.1.1.1 Class I, immediate: 13.1.1.1.1.1 Hypersensitivity							B			11
13.1.1.1.2 Class II and III							A			11
13.1.1.1.3 Class IV, delayed							B			11
13.1.1.2 Pollen agents: 13.1.1.2.1 Local allergy-causing pollen							B			11
13.1.1.2.2 Seasons of specific allergy-causing pollen							B			11
13.1.1.3 Principles of patient presentation: 13.1.1.3.1 Rhinitis: 13.1.1.3.1.1 Seasonal							B			11
13.1.1.3.1.2 Perennial							B			11
13.1.1.3.1.3 Sinusitis							B			11
13.1.1.3.1.4 Nasal polyposis							-			
13.1.1.3.2 Vasomotor rhinitis							B			11
13.1.1.3.3 Stinging insect hypersensitivity							B			11
13.1.1.3.4 Anaphylaxis							B			11
13.1.1.3.5 Food allergy							B			11
13.1.1.3.6 Medication/vaccine allergy							B			11
13.1.1.3.7 Irritants and physical agents							B			11
13.1.3.8 Dermatological manifestations of allergy: 13.1.3.8.1 Urticaria							B			11
13.1.3.8.2 Angio edema							B			11
13.1.3.8.3 Asthma							B			11
13.1.2 Diagnostic procedures: 13.1.2.1 Perform immediate skin testing: 13.1.2.1.1 Procedures: 13.1.2.1.1.1 Prick test							2c			11
13.1.2.1.1.2 Intradermal test							1b			11
13.1.2.1.2 Skin test allergens: 13.1.2.1.2.1 Routine: 13.1.2.1.2.1.1 Aeroallergen							B			

1. Tasks, Knowledge, and Technical References	2. Core (5) / War-time (*) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A A/I Course	B N/A	C N/A	D QTP Volume Number
13.1.2.1.2.1.2 Environmental							B			
13.1.2.1.2.1.3 Food							B			
13.1.2.1.2.2 Specialized										
13.1.2.1.2.2.1 Venoms/hymenoptera							a			11
13.1.2.1.2.2.2 Vaccines							a			11
13.1.2.1.2.2.3 Latex							a			11
13.1.2.1.2.2.4 PCN							a			11
13.1.2.1.2.2.5 Medication							a			11
13.1.2.1.3 Grading skin test							2c			11
13.1.2.1.4 Conduct patient education							3c			11
13.1.2.1.5 Document skin testing							3c			11
13.1.2.2 Pulmonary diagnostic and therapeutic procedures: 13.1.2.2.1 Perform routine spirometry/flow volume loops							2c			11
13.1.2.2.2 Perform pre- and postbronchodilator studies							2c			11
13.1.2.2.3 Perform asthma challenge test							a			11
13.1.2.2.4 Perform peak flowmeter studies							2c			11
13.1.2.2.5 Prepare and administer respiratory medication: 13.1.2.2.5.1 Metered dose inhaler							1b			11
13.1.2.2.5.2 Hand held/updraft nebulizers							1b			11
13.1.2.2.5.3 Conduct patient education							3c			11
13.1.2.2.5.4 Document pulmonary diagnostic and therapeutic procedures							3c			11
13.1.2.3 Assist with rhinoscopy							-			
13.1.2.4 Nasal smears: 13.1.2.4.1 Obtaining							2c			11
13.1.2.4.2 Staining							2c			11
13.1.3 Treatment: 13.1.3.1 Avoidance: 13.1.3.1.1 Relocation from the source of irritants							B			
13.1.3.1.2 Air conditioning							B			
13.1.3.1.3 House dust mite precaution and avoidance program							B			
13.1.3.1.4 Mold/fungal avoidance							B			
13.1.3.1.5 Animal							B			
13.1.3.1.6 Venoms/hymenoptera							B			
13.1.3.2 Pharmacology: 13.1.3.2.1 Antihistamines							B			
13.1.3.2.2 Decongestants							B			
13.1.3.2.3 Bronchodilators							B			
13.1.3.2.4 Expectorants							B			
13.1.3.2.5 Steroids							B			
13.1.3.2.6 Combinations							B			
13.1.3.2.7 Blood pressure/cardiac medications (beta-blockers)							B			
13.1.3.2.8 Antidepressants							B			

1. Tasks, Knowledge, and Technical References	2. Core (5) / War-time (*) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A A/I Course	B N/A	C N/A	D QTP Volume Number
13.1.3.3 Immunotherapy: 13.1.3.3.1 Types: 13.1.3.3.1.1 Aeroallergens							B			11
13.1.3.3.1.2 Environmentals							B			11
13.1.3.3.1.3 Venoms/hymenoptera							B			11
13.1.3.3.2 Administration: 13.1.3.3.2.1 Patient screening							3c			11
13.1.3.3.2.2 Calculate dosage/schedule							3c			11
13.1.3.3.2.3 Injection technique							3c			11
13.1.3.3.2.4 Conduct patient education							3c			11
13.1.3.3.2.5 Document immunotherapy							3c			11
13.1.3.3.3 Procurement: 13.1.3.3.3.1 Skin test trays							2c			
13.1.3.3.3.2 Immunotherapy kits							3c			
13.1.3.3.3.3 Refill requests							3c			
13.1.3.4 Adverse reactions: 13.1.3.4.1 Vasovagal 13.1.3.4.1.1 Signs and symptoms							C			11
13.1.3.4.1.2 Treatment							3c			11
13.1.3.4.2 Local: 13.1.3.4.2.1 Signs and symptoms							C			11
13.1.3.4.2.2 Treatment							3c			11
13.1.3.4.3 Systemic: 13.1.3.4.3.1 Signs and symptoms							C			11
13.1.3.4.3.2 Treatment							3c			11
13.1.4 Extract preparation: 13.1.4.1 Extract types: 13.1.4.1.1 Aqueous							B			
13.1.4 .1.2 Alum-precipitated							B			
13.1.4 .1.3 Freeze-dried							B			
13.1.4.2 Units of potency: 13.1.4.2.1 Weight/volume (w/v)							B			
13.1.4.2.2 Biological allergen unit (BAU)							B			
13.1.4.2.3 Protein nitrogen units (PNU)							B			
13.1.4.2.4 Allergy units (AU)							B			
13.1.4.2.5 Micrograms (mcg)							B			
13.1.4.2.6 Milligrams (mg)							B			
13.1.4.3 Diluents: 13.1.4.3.1 Human serum albumine (HSA)							B			
13.1.4.3.2 Sterile normal saline with phenol							B			
13.1.4.3.3 Glycerin							B			
13.1.4.4 Mix 10 fold dilutions							3c			11
13.1.4.5 Label extract vial							3c			11
13.1.5 Mixing lab procedures							A			
13.1.6 Delayed skin testing: 13.1.6.1 Tuberculosis test placement and measurement: 13.1.6.1.1 5 tuberculin unit (TU) purified protein derivitive (PPD)							3c			11
13.1.6.1.2 1 TU (PPD)							1b			11
13.1.6.1.3 250 TU (PPD)							A			

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1. Tasks, Knowledge, and Technical References	2. Core (5)/ War-time (*) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A A/I Course	B N/A	C N/A	D QTP Volume Number
13.1.6.2 Anergy panel/placement and measurement: 13.1.6.2.1 Mumps							2c			11
13.1.6.2.2 Candin albicans test							2c			11
13.1.6.2.3 Tetanus toxoid fluid							2c			11
13.1.7 Instruct patient on self care: 13.1.7.1 Peak flow							c			11
13.1.7.2 Inhaler							b			11
13.1.7.3 Ana-kit/epi-pen							b			11
13.2 Immunization: 13.2.1 Principles of immunization: 13.2.1.1 Define active immunization							B			12
13.2.1.2 Define passive immunization							B			12
13.2.1.3 Active duty vaccines: 13.2.1.3.1 Types							C			12
13.2.1.3.2 Composition							C			12
13.2.1.3.3 Dosages							C			12
13.2.1.3.4 Schedules							C			12
13.2.1.3.5 Storage/management							C			12
13.2.1.3.6 Purpose							C			12
13.2.1.3.7 Precautions/contraindications							C			12
13.2.1.3.8 Side effects							C			12
13.2.1.3.9 Document IAW AFJI 48-110: 13.2.1.3.9.1 Immunization record (PHS 731)							2c			12
13.2.1.3.9.2 Medical record (1380b)							2c			12
13.2.1.3.9.3 Computer tracking/clinic log							2c			12
13.2.1.4 Pediatric vaccines: 13.2.1.4.1 Types							C			12
13.2.1.4.2 Composition							C			12
13.2.1.4.3 Dosages							C			12
13.2.1.4.4 Advisory Committee on Immunization Practices (ACIP) recommended schedules							C			12
13.2.1.4.5 Storage							C			12
13.2.1.4.6 Purpose							C			12
13.2.1.4.7 Precautions/contraindications							C			12
13.2.1.4.8 Side effects							C			12
13.2.1.4.9 Document IAW AFJI 48-110: 13.2.1.4.9.1 Immunization record							2c			12
13.2.1.4.9.2 Medical record							2c			12
13.2.1.4.9.3 Computer tracking/clinic log							2c			12
13.2.1.5 Adolescent/adults: 13.2.1.5.1 Types							C			
13.2.1.5.2 Composition							C			
13.2.1.5.3 Dosages							C			
13.2.1.5.4 ACIP recommended schedules							C			
13.2.1.5.5 Storage/management							C			
13.2.1.5.6 Purpose							C			

1. Tasks, Knowledge, and Technical References	2. Core (5) / War-time (*) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A A/I Course	B N/A	C N/A	D QTP Volume Number
13.2.1.5.7 Precautions/contraindications							C			
13.2.1.5.8 Side effects							C			
13.2.1.5.9 Document IAW AFJI 48-110: 13.2.1.5.9.1 Immunization record							2c			
13.2.1.5.9.2 Medical record							2c			
13.2.1.5.9.3 Computer tracking/clinic log							2c			
13.2.2 Delayed skin testing: 13.2.2.1 Tuberculosis test placement and measurement: 13.2.2.1.1 5 tuberculin unit (TU) purified protein derivative (PPD)							-			12
13.2.2.1.2 1 TU (PPD)							-			
13.2.3 Administrative considerations: 13.2.3.1 Geographical requirements (World Health Organization, International, and command specific)							B			
13.2.3.2 Requirements for administration of immunizations outside MTF/Medical Unit							A			
13.2.3.3 Waivers: 13.2.3.3.1 Religious							A			
13.2.3.3.2 Medical							A			
13.2.3.4 Permanent exemptions							A			
13.2.3.5 Disqualification medical board							A			
13.2.3.6 Declination of recommended immunizations							B			
13.2.3.7 Statistical reports							A			
13.2.4 Administrative procedures: 13.2.4.1 Prepare immunization records: 13.2.4.1.1 Transcribe immunization records							2c			
13.2.4.1.2 Use standard ACIP/Centers for Disease Control (CDC) abbreviations							c			
13.2.4.2 Provide and document Vaccine Information Statements (VIS) IAW AFJI 48-110							2c			
13.2.4.3 Complete Vaccine Adverse Event Reporting System (VAERS) form							2b			12
13.2.5 Administer medications and vaccines: 13.2.5.1 Subcutaneous							3c			1
13.2.5.2 Intramuscular							3c			1
13.2.5.3 Intradermal							3c			1
13.2.5.4 Oral							3c			1
13.2.6 Identify and initiate treatment of adverse reactions: 13.2.6.1 Anaphylactic							3c			12
13.2.6.2 Vasovagal							3c			12
13.2.7 Administrative Management of the A/I Clinic: 13.2.7.1 Mass Immunizations Program 13.2.7.1.1 Influenza							-			
13.2.7.1.2 Anthrax							-			

1. Tasks, Knowledge, and Technical References	2. Core (5) / War-time (*) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A A/I Course	B N/A	C N/A	D QTP Volume Number
13.2.7.1.3 Smallpox							-			
13.2.7.2 Fiscal management of A/I clinic							-			
13.2.7.3 Operating instructions							-			
13.2.7.4 Inspections: 13.2.7.4.1 Self							-			
13.2.7.4.2 HSI							-			
13.2.7.5 Continuing education							-			
13.2.7.6 IBT program oversight							-			
13.2.7 Epidemiology of vaccine preventable disease							-			
13.2.8 Pharmacology: 13.2.8.1 Antihistamines							-			
13.2.8.2 Decongestants							-			
13.2.8.3 Bronchodilators							-			
13.2.8.4 Expectorants							-			
13.2.8.5 Steroids							-			
13.2.8.6 Combinations							-			
13.2.8.7 Blood pressure/cardiac medications (beta-blockers)							-			
13.2.8.8 Antidepressants							-			

NOTE 1:   Neurology Technicians are responsible to maintain appropriate patient care skills (core tasks), and supervisory skills listed in attachment 2 of this STS and must maintain current minimum certification as an NREMT-B.

NOTE 2:   This attachment applies to all personnel who have completed formal training and are currently being utilized as a Neurology Technician.

Training references (TRs) applicable to the 4N0X1B portion of the STS (area 14) that are approved for use in course development, QTP development, and OJT are listed in attachment 11, table 3 at the end of the entire STS.

1. Tasks, Knowledge, and Technical References	2. Core (5) / War-time (*) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A Neurology Course	B N/A	C N/A	D QTP Volume Number
14. NEUROLOGY SPECIALTY										
14.1 Patient management:										
14.1.1 Obtain patient history							2b			
14.1.2 Schedule patient for examination							2b			
14.1.3 Brief patient on examination							2b			
14.1.4 Maintain required records							2b			
14.2 Laboratory management:										
14.2.1 Maintain laboratory with necessary equipment							2b			
14.2.2 Take precautionary measures with examination room equipment:										
14.2.2.1 Types of locations to be avoided							2b			
14.2.2.2 Sufficient storage space							2b			
14.2.3 Maintain filing system for records and reports							2b			
14.3 Introduction to the electroencephalograph (EEG):										
14.3.1 History of EEG equipment							A			
14.3.2 Uses of EEG equipment in diagnosing diseases of the brain							A			
14.3.3 Basic neuroanatomy							A			
14.3.4 Neurophysiological principles							A			
14.3.5 Physics of EEG							A			
14.4 Neurodiagnostic equipment operation:										
14.4.1 Prepare patient for examination							2b			
14.4.2 Place patient in appropriate position for desired examination							2b			
14.4.3 Prepare neurodiagnostic equipment for desired examination							2b			
14.4.4 Utilize the recording symbols of the 10-20 system							2b			

1. Tasks, Knowledge, and Technical References	2. Core (5) / Wartime (*) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A Neurology Course	B N/A	C N/A	D QTP Volume Number
14.4.5 Provide care for patients with specific needs:										
14.4.5.1 Children							2b			
14.4.5.2 Epileptic							2b			
14.4.5.3 Confused							2b			
14.4.5.4 Aphasic							2b			
14.4.5.5 Psychotic							2b			
14.4.5.6 Stuporous							2b			
14.4.5.7 Comatose							2b			
14.5 Electrode considerations:										
14.5.1 Infection control techniques as applied to electrodes							A			
14.5.2 Disc electrodes							A			
14.5.3 Additional types of electrodes							A			
14.6 Application of electrodes to patient:										
14.6.1 Disc electrodes - paste							3b			
14.6.2 Disc electrodes - collodion							3b			
14.6.3 Additional electrodes							3b			
14.7 EEG recording processes:										
14.7.1 Perform appropriate recording methods to obtain brain wave recordings:										
14.7.1.1 Referential methods							2b			10
14.7.1.2 Bipolar methods							2b			10
14.7.1.3 Mapping montages							2b			10
14.7.1.4 Sleep recordings							2b			10
14.7.1.5 Hyperventilation and photic stimulation							2b			10
14.7.1.6 Activation methods							2b			10
14.7.1.7 Portable recordings at bedside							2b			10
14.7.1.8 Electrocortical silence recordings (brain death)							2b			10
14.7.1.9 Double distance montage							2b			10
14.7.1.10 Neonatal methods							2b			10
14.7.1.11 Intraoperative methods							2b			10
14.7.1.12 Multiple sleep latency test (MSLT)							2b			10
14.7.1.13 MSLT montage							2b			10
14.7.2 Recording techniques:										
14.7.2.1 Detect artifacts							2b			10
14.7.2.2 Identify artifacts							2b			10
14.7.2.3 Eliminate artifacts							2b			10
14.7.2.4 Annotate graph form with artifact information							2b			10
14.7.2.5 Assist in evaluating pathological waveforms of recording							2b			10
14.8 Preventive maintenance of neurodiagnostic equipment:										
14.8.1 Perform minor maintenance on EEG equipment							2b			
14.8.2 Maintain oscillograph pens							2b			
14.8.3 Replace worn-out electrode leads							2b			

1. Tasks, Knowledge, and Technical References	2. Core (5) / War-time (*) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A Neurology Course	B N/A	C N/A	D QTP Volume Number
14.8.4 Lubricate external mechanisms							2b			
14.8.5 Perform routine troubleshooting to locate defects							2b			
14.8.6 Report major breakdown of equipment							2b			
14.8.7 Maintain required maintenance records							2b			
14.9 Assist medical officer in procedures: 14.9.1 Electromyography							1b			10
14.9.2 Nerve conduction velocities							1b			10
14.10 Evoked potential recording modalities: 14.10.1 Perform appropriate recording methods to obtain evoked potential: 14.10.1.1 Visual evoked potential - pattern reversal	*						2b			10
14.10.1.2 Visual evoked potential - light emitting diode (LED)	*						2b			10
14.10.1.3 Brainstem auditory evoked potential	*						2b			10
14.10.1.4 Somatosensory evoked potential - upper extremity	*						2b			10
14.10.1.5 Somatosensory evoked potential - lower extremity	*						2b			10
14.10.2 Recording techniques: 14.10.2.1 Detect artifacts	*						2b			10
14.10.2.2 Eliminate artifacts	*						2b			10
14.10.2.3 Perform technical analysis of recording	*						2b			10
14.10.2.4 Assist in evaluating pathological waveforms of recording	*						2b			10
14.11 Nerve conduction recording processes: 14.11.1 Perform appropriate recording methods to obtain nerve conduction velocity study: 14.11.1.1 Upper extremity stimulate	*						2b			10
14.11.1.2 Lower extremity stimulate	*						2b			10
14.11.1.3 Specialized studies	*						2b			10
14.11.2 Recording techniques: 14.11.2.1 Detect artifacts	*						2b			10
14.11.2.2 Identify artifacts	*						2b			10
14.11.2.3 Eliminate artifacts	*						2b			10
14.11.2.4 Perform technical analysis of recording	*						2b			10
14.11.2.5 Assist in evaluating pathological waveforms of recording	*						2b			10

NOTE 1: Hemodialysis Technicians are responsible to maintain appropriate patient care skills (core tasks), and supervisory skills listed in attachment 2 of this STS and must maintain at a minimum current certification as an NREMT-B.

NOTE 2: This attachment should be used to conduct on-the-job training for Hemodialysis Technicians. Items marked with a dash (-) in column 4A have been identified as items that each Hemodialysis Technician must receive on-the-job training on by qualified trainers.

Training references (TRs) applicable to the SEI 486 portion of the STS (area 15) that are approved for use in QTP development and OJT are listed in attachment 11, table 4 at the end of the entire STS.

1. Tasks, Knowledge, and Technical References	2. Core (5) / War-time (*) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A OJT (see Note 2)	B N/A	C N/A	D QTP Volume Number
15. HEMODIALYSIS SPECIALTY 15.1 Hemodialysis physiology: 15.1.1 Purpose and evolution							-			
15.1.2 Physiological basis and treatment for: 15.1.2.1 End stage renal disease							-			
15.1.2.2 Acute renal failure							-			
15.1.2.3 Drug intoxication							-			
15.1.2.4 Fluid overload							-			
15.1.2.5 Hyperkalemia							-			
15.1.2.6 Severe acidosis/alkalosis							-			
15.1.3 Indications for hemodialysis							-			
15.1.4 Renal anatomy and physiology							-			
15.2 Universal precautions: 15.2.1 Personal protective equipment (PPE)							-			
15.2.2 Hazardous communication standards							-			
15.2.3 Occupational Safety and Health Administration (OSHA)							-			
15.3 Dialysis procedures: 15.3.1 Chronic hemodialysis treatment							-			
15.3.2 Acute hemodialysis treatment							-			
15.3.3 Single needle							-			
15.3.4 Hemoperfusion							-			
15.3.5 Ultrafiltration							-			
15.3.6 Continuous arterial venous hemodialysis (CAVHD)							-			
15.3.7 Continuous veno-venous hemodialysis (CVVHD)							-			
15.3.8 Cyclic peritoneal dialysis: 15.3.8.1 Continuous ambulatory peritoneal dialysis (CAPD)							-			

1. Tasks, Knowledge, and Technical References	2. Core (5) / War-time (*) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A OJT (see Note 2)	B N/A	C N/A	D QTP Volume Number
15.3.8.2 Continuous cyclic peritoneal dialysis (CCPD)							-			
15.3.9 Perform operating procedures: 15.3.9.1 Set-up hemodialysis machine: 15.3.9.1.1 Controls							-			
15.3.9.1.2 Testing procedures							-			
15.3.9.1.3 Input data							-			
15.3.9.1.4 Blood pressure monitor							-			
15.3.9.1.5 Extracorporeal blood circuit							-			
15.3.9.1.6 Dialysate/bicarbonate							-			
15.3.9.2 Set-up portable reverse osmosis (RO)							-			
15.3.9.3 Water treatment system testing procedures							-			
15.3.9.4 Set-up peritoneal cycler: 15.3.9.4.1 Controls							-			
15.3.9.4.2 Testing procedures							-			
15.3.9.4.3 Input data							-			
15.3.9.4.4 Delivery system							-			
15.3.9.4.5 Dialysate							-			
15.3.9.5 Set-up manual peritoneal dialysis system: 15.3.9.5.1 Manifold							-			
15.3.9.5.2 Y-set							-			
15.3.9.6 Machine maintenance: 15.3.9.6.1 External disinfection							-			
15.3.9.6.2 Internal disinfection							-			
15.3.9.7 Set-up/assist with renal biopsy							-			
15.3.9.8 Set-up/assist with external catheter placement							-			
15.3.9.9 Initiation/termination of dialysis: 15.3.9.9.1 Arterial-venous (AV) graft/fistula							-			
15.3.9.9.2 External catheter							-			
15.3.9.10 Troubleshooting							-			
15.3.9.11 Flush external catheter							-			
15.3.9.12 Increase dialysate/electrolyte levels							-			
15.3.9.13 Infusion of blood							-			
15.4 Perform emergency operations: 15.4.1 Mechanical emergencies							-			
15.4.2 Electrical failure							-			
15.4.3 Evacuation							-			
15.4.4 Termination of dialysis via manual controls							-			
15.4.5 Clotted dialyzers							-			
15.4.6 Blood leak							-			
15.4.7 Hemostasis of access sites							-			
15.4.8 Troubleshooting access sites							-			
15.5 On-call procedures							-			

1. Tasks, Knowledge, and Technical References	2. Core (5) / War-time (*) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A OJT (see Note 2)	B N/A	C N/A	D QTP Volume Number
15.6 Patient care considerations: 15.6.1 Prepare/maintain dialysis treatment forms							-			
15.6.2 Patient evaluation procedures: 15.6.2.1 Vital signs							-			
15.6.2.2 Weight							-			
15.6.2.3 Calculate target loss							-			
15.6.2.4 Complaints							-			
15.6.3 Patient instructions on hemodialysis/peritoneal dialysis							-			
15.6.4 Isolation procedures							-			
15.7 Patient care procedures for patients with specific disorders/emergency conditions: 15.7.1 Cardiac arrest							-			
15.7.2 Air embolus							-			
15.7.3 Hypotension							-			
15.7.4 Hypertension							-			
15.7.5 Arrhythmias							-			
15.7.6 Cramping							-			
15.7.7 Syncope							-			
15.7.8 Bleeding							-			
15.7.9 Shock							-			
15.7.10 Hemolysis							-			
15.7.11 Nausea/vomiting							-			
15.7.12 Seizures							-			
15.7.13 Hypoxia							-			
15.7.14 Infiltration							-			
15.8 Dialysis medications: 15.8.1 Heparin							-			
15.8.2 Mannitol							-			
15.8.3 Albumin							-			
15.8.4 Lidocaine							-			
15.8.5 Normal saline flushes							-			
15.8.6 Oxygen							-			
15.8.7 Working knowledge of: 15.8.7.1 Urokinase							-			
15.8.7.2 Erythropietin							-			
15.8.7.3 50% dextrose							-			
15.8.7.4 Concentrated sodium chloride							-			
15.8.7.5 Calcitriol							-			

NOTE 1: Hyperbaric Medical Technicians are responsible to maintain appropriate patient care skills (core tasks), and supervisory skills listed in attachment 2 of this STS and must maintain current minimum certification as an NREMT-B.

NOTE 2: This attachment applies to all personnel who have completed formal training and are currently being utilized as a Hyperbaric Medical Technician.

NOTE 3: Successful completion of course B3AZY4X0X1 005, is a mandatory requirement for Hyperbaric Medical Technician course completion/graduation. This course is a Wartime (*) task requirement.

> Training references (TRs) applicable to the SEI 490 portion of the STS (area 16) that are approved for use in course development, QTP development, and OJT are listed in attachment 11, table 5 at the end of the entire STS.

1. Tasks, Knowledge, and Technical References	2. Core (5) / War-time (*) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A Hyperbaric Course	B N/A	C N/A	D QTP Volume Number
16. HYPERBARIC SPECIALTY										
16.1 Hyperbaric medicine:										
16.1.1 Purpose and evolution	*						A			
16.1.2 Physiological principles of the hyperbaric environment:										
16.1.2.1 Decompression physiology	*						B			
16.1.2.2 Decompression tables	*						2b			
16.1.3 Physiological basis and treatment for disorders with hyperbaric medicine:										
16.1.3.1 Acute disorders	*						B			
16.1.3.2 Chronic disorders	*						B			
16.1.3.3 Experimental							B			
16.2 Hyperbaric chamber:										
16.2.1 Principles of managing and organizing hyperbaric treatment facilities							A			
16.2.2 Principles of hyperbaric chamber systems:										
16.2.2.1 Air pressurization	*						B			
16.2.2.2 Fire suppression	*						B			
16.2.2.3 Communication	*						B			
16.2.2.4 Mask Breathing System (MBS)	*						B			
16.2.2.5 Liquid Oxygen (LOX)	*						B			
16.2.2.6 Console controls							B			
16.2.2.7 Suction	*						B			
16.2.2.8 Gas analysis							B			
16.2.3 Operations:										
16.2.3.1 Systems:										
16.2.3.1.1 Air pressurization							a			
16.2.3.1.2 Fire suppression	*						2b			
16.2.3.1.3 Communications	*						2b			
16.2.3.1.4 MBS	*						2b			
16.2.3.1.5 LOX							a			
16.2.3.1.6 Console controls							a			
16.2.3.1.7 Suction	*						2b			
16.2.3.1.8 Gas analysis							1a			

1. Tasks, Knowledge, and Technical References	2. Core (5) / War-time (*) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A Hyperbaric Course	B N/A	C N/A	D QTP Volume Number
16.2.3.1.2 Ancillary equipment: 16.2.3.1.2.1 Self-contained breathing apparatus/ emergency escape breathing device	*						a			
16.2.3.1.2.2 Gas mixer							a			
16.2.3.1.2.3 Hyperbaric breathing mask	*						a			
16.2.3.1.2.4 Protocol box							a			
16.2.3.1.3 Team duties and responsibilities	*						B			
16.2.3.1.4 Perform hyperbaric chamber crew duties: 16.2.3.1.4.1 Crew chief	*						a			
16.2.3.1.4.2 Chamber operator	*						a			
16.2.3.1.4.3 Medical attendant							2b			
16.2.3.1.4.4 Inside observer: 16.2.3.1.4.4.1 Clinical	*						2b			
16.2.3.1.4.4.2 Operational							2b			
16.2.3.1.5 Perform research chamber crew duties: 16.2.3.1.5.1 Crew chief							a			
16.2.3.1.5.2 Chamber operator							a			
16.2.3.1.6 Appropriate safety procedures when working in hyperbaric facilities	*						2b			
16.2.3.1.7 Proficiency in handling chamber emergencies: 16.2.3.1.7.1 Mechanical emergencies	*						b			
16.2.3.1.7.2 Power loss	*						b			
16.2.3.1.7.3 Loss of accumulator air supply	*						b			
16.2.3.1.7.4 Interior/exterior chamber fire	*						2b			
16.2.3.1.7.5 Contaminated air supply	*						2b			
16.2.3.1.7.6 Compressor failure	*						b			
16.2.3.1.7.7 Loss of breathing gases	*						2b			
16.2.3.1.7.8 Window failure	*						2b			
16.2.3.1.8 Apply procedures for protocol monitoring							-			
16.2.3.1.9 Operate pass-thru lock							2b			
16.2.4 Hyperbaric maintenance: 16.2.4.1 Perform daily inspections and maintenance on hyperbaric chamber systems and ancillary equipment							b			
16.2.4.2 Perform basic troubleshooting procedures on hyperbaric systems							b			
16.3 Hyperbaric patient care: 16.3.1 Manage patient needs with specific disorders/emergency conditions: 16.3.1.1 Cardiac arrest	*						3c			
16.3.1.2 Oxygen seizure	*						1b			
16.3.1.3 Hypoglycemic reaction	*						1b			
16.3.1.4 Anxiety	*						1b			
16.3.1.5 Claustrophobia	*						1b			
16.3.1.6 Decompression sickness	*						1b			
16.3.1.7 Arterial gas embolism	*						1b			

1. Tasks, Knowledge, and Technical References	2. Core (5) / War-time (*) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A Hyperbaric Course	B N/A	C N/A	D QTP Volume Number
16.3.1.8 Barotrauma (ears, sinuses, lungs)	*						1b			
16.3.1.9 Combative patient	*						1b			
16.3.2 Ancillary medical equipment: 16.3.2.1 Cardiac monitor/defibrillator	*						2b			
16.3.2.2 BVM	*						3c			
16.3.2.3 Suction device	*						3c			
16.3.2.4 Infusion pump							b			
16.3.2.5 Glucose monitor	*						2b			
16.3.2.6 Ventilator	*						1a			
16.3.2.7 Pulse oximeter							1a			
16.3.2.8 Oxygen hoods/nebulizer	*						2b			
16.3.2.9 Tracheostomy cuffs	*						1a			
16.3.2.10 Transcutaneous oxygen monitor							2b			
16.3.3 Patient care considerations: 16.3.3.1 IV monitoring	*						2b			
16.3.3.2 Surgical drains	*						1a			
16.3.3.3 Indications for hyperbaric therapy							B			
16.3.3.4 Schedule/assist in patient evaluation	*						1a			
16.3.3.5 Patient photos							a			
16.3.3.6 Assist with/perform wound care	*						2b			
16.4 Infection control considerations: 16.4.1 Maintain standards for hyperbaric treatment facilities	*						2b			
16.4.2 Clean, store, and maintain dive clothing and linen	*						b			
16.4.3 Clean and store medical equipment							2c			
16.4.4 Prepare medical equipment for sterilization							-			
16.5 Hyperbaric administration: 16.5.1 Hazardous duty pay qualification procedures							A			
16.5.2 Schedule/conduct tour and briefings							-			
16.5.3 Schedule test of pressure dives							-			
16.5.4 Prepare and maintain call rosters							a			
16.5.5 Schedule daily chamber activities							a			
16.5.6 Orient medical supplemental team members: 16.5.6.1 Administrative procedures							-			
16.5.6.2 Inside observer duties							-			
16.5.6.3 Principles of hyperbaric chamber safety and equipment familiarization							-			
16.5.7 Documentation and forms: 16.5.7.1 Patient documentation: 16.5.7.1.1 Research record	*						A			
16.5.7.1.2 Inpatient/outpatient record	*						A			
16.5.7.1.3 AF Form 1389, Clinical Hyperbaric Treatment Record	*						1b			
16.5.7.2 Personnel documentation							A			
16.5.8 Computer operations: 16.5.8.1 Patient registry database							A			

1. Tasks, Knowledge, and Technical References	2. Core (5) / War-time (*) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A Hyperbaric Course	B N/A	C N/A	D QTP Volume Number
16.5.8.2 Enter, modify, and retrieve data from unit computer systems							a			
16.6 Hyperbaric patient and lecture photo repository: 16.6.1 Initiate patient photo series							a			
16.6.2 Locate and retrieve patient and lecture photo							a			
16.6.3 Set-up and maintain photo repository: 16.6.3.1 Patient photo							-			
16.6.3.2 Lecture photo							-			
16.6.4 Use patient research microfiche library							-			

NOTE 1:   Aeromedical Evacuation (AE) Technicians are responsible to maintain appropriate patient care skills (core tasks), and supervisory skills listed in attachment 2 of this STS and must maintain current minimum certification as an NREMT-B.

NOTE 2:   This attachment applies to all personnel who have completed formal training and are currently being utilized as an AE Technician.

NOTE 3:   To prevent duplication of documentation following completion of formal training, AF Form 3831, Ground Training, will be used to document all AE Technician qualification/certification training and will be filed appropriately in Part 5 of the member's Enlisted Training and Competency Folder.

NOTE 4:   Successful completion of course B3AZYBLMD-001, Survival Evasion Resistance Escape Training, is a mandatory requirement for AE course completion/graduation. This course is a Wartime (*) task requirement.

Note 5:   Successful completion of Aerospace Physiology Training in compliance with AFI 11-403 Chap 6 is a mandatory requirement for AE course completion/graduation. This training is a Wartime (*) task requirement

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Training references (TRs) applicable to the SEI 494 portion of the STS (area 17) that are approved for use in course development, QTP development, and OJT are listed in attachment 11, table 6 at the end of the entire STS.

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1. Tasks, Knowledge, and Technical References	2. Core (5) / Wartime (*) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A A/E Course	B N/A	C N/A	D QTP Volume Number
17. AEROMEDICAL EVACUATION 17.1 Development of aeromedical airlift: 17.1.1 History							A			
17.1.2 Process							B			
17.2 Aeromedical evacuation team: 17.2.1 Aeromedical crew responsibilities	*						B			
17.2.2 Support organization's responsibilities	*						B			
17.2.3 Critical Care Air Transport Team (CCATT)	*						B			
17.2.4 Expeditionary Medical Support (EMEDS)	*						B			
17.3 Aeromedical evacuation system: 17.3.1 Terms	*						B			
17.3.2 Elements	*						B			
17.3.3 Worldwide systems	*						B			
17.3.4 Contingency Operations	*						B			
17.4 Aeromedical evacuation aircraft: 17.4.1 Identify primary characteristics	*						a			
17.4.2 Operate oxygen systems as applicable	*						2b			
17.4.3 Operate suction system as applicable	*						2b			
17.4.4 Operate electrical systems for medical use as applicable	*						2b			
17.4.5 Operate lighting system as applicable	*						a			
17.4.6 Operate doors/litter door ramp/ hatches as applicable	*						a			

1. Tasks, Knowledge, and Technical References	2. Core (5) / War-time (*) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A A/E Course	B N/A	C N/A	D QTP Volume Number
17.4.7 Operate public address system as applicable	*						a			
17.4.8 Use litter support systems as applicable	*						2b			
17.4.9 AE aircraft configurations as applicable	*						2b			
17.4.10 Aircraft emergency equipment	*						B			
17.4.11 Galley operations/comfort pallet as applicable							A			
17.4.12 Civil Reserve Air Fleet	*						B			
17.4.13 In-System Select Air Fleet	*						B			
17.5 Patient aeromedical evacuation process: 17.5.1 Selection of patients							B			
17.5.2 Classification codes	*						B			
17.5.3 Movement precedence	*						B			
17.5.4 Patient reporting procedures	*						B			
17.5.5 Responsibilities of originating medical facilities	*						B			
17.5.6 Responsibilities of TPMRC/GPMRC	*						B			
17.5.7 Responsibilities of the Aeromedical Evacuation Coordination Center (AECC)							B			
17.5.8 Remain overnight (RON) responsibilities	*						B			
17.5.9 Responsibilities of destination medical facilities	*						B			
17.6 Supplies and equipment: 17.6.1 Structure of the medical material section	*						A			
17.6.2 Use of specific equipment: 17.6.2.1 NATO litter	*						3c			
17.6.2.2 Litter backrest							3c			
17.6.2.3 Child restraint seat							-			
17.6.2.4 Bassinet							-			
17.6.2.5 Transport incubator							2b			
17.6.2.6 Turning frame	*						1b			
17.6.2.7 Traction device	*						1b			
17.6.2.8 Portable Therapeutic LOX system (PTLOX)	*						3c			
17.6.2.9 Chest drainage system	*						b			
17.6.2.10 Heimlich valve	*						b			
17.6.2.11 Oxygen analyzer	*						2b			
17.6.2.12 Adult ventilator	*						1b			
17.6.2.13 Neonatal/pediatric ventilator							-			
17.6.2.14 Air compressor							-			
17.6.2.15 In-flight kits	*						1b			
17.6.2.16 Cardiac monitor/ defibrillator	*						3c			

1. Tasks, Knowledge, and Technical References	2. Core (5) / War-time (*) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A A/E Course	B N/A	C N/A	D QTP Volume Number
17.6.2.17 Pulse oximeter	*						2b			
17.6.2.18 Suction devices	*						3c			
17.6.2.19 Volumetric infusion pumps	*						2b			
17.6.2.20 Electrical frequency converter/inverter	*						b			
17.6.2.21 Therapeutic Oxygen Manifold Systems (TOMS)	*						b			
17.6.2.22 Electrical Cable Assembly Set (ECAS)	*						b			
17.6.2.23 Vital signs monitor	*						b			
17.7 General mission management: 17.7.1 Evaluate pre-flight patient preparation	*						b			
17.7.2 Patient positioning considerations	*						2b			
17.7.3 Use abbreviated checklist	*						1b			
17.7.4 Utilize crew resource management	*						2b			
17.7.5 Maintain crew communications	*						1c			
17.7.6 Perform enplaning/deplaning	*						2b			
17.7.7 Ground and in-flight safety	*						B			
17.7.8 Identify stresses of flight	*						B			
17.7.9 Flightline/aircraft security measures	*						B			
17.7.10 Direct ground traffic	*						-			
17.7.11 Perform baggage procedures							-			
17.7.12 Coordinate ground support							-			
17.7.13 Effects of operational noise							B			
17.7.14 Infection control measures	*						B			
17.7.15 Aeromedical evacuation crew member (AECM) action in event of medical and aircraft emergencies	*						2b			
17.7.16 Mission forms/publications organization	*						1b			
17.8 General nursing considerations: 17.8.1 Reduce patient fatigue	*						b			
17.8.2 Assist with patient position changes	*						b			
17.8.3 Obtain in-flight vital signs	*						2b			
17.8.4 Identify and treat hypoxia	*						2b			
17.8.5 Hyperventilation identification/ management	*						B			
17.8.6 Prevent and treat motion sickness	*						b			
17.8.7 Effects of altitude on oxygen flow rates	*						B			
17.8.8 Assist patient to clear middle ear and sinus passages	*						2b			
17.9 Patient needs with specific disorders/conditions: 17.9.1 Orthopedics	*						B			
17.9.2 Obstetrics							B			
17.9.3 Pediatrics/neonates							B			

1. Tasks, Knowledge, and Technical References	2. Core (5) / Wartime (*) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A A/E Course	B N/A	C N/A	D QTP Volume Number
17.9.4 Respiratory	*						B			
17.9.5 EENT	*						B			
17.9.6 Dental	*						B			
17.9.7 Burns	*						B			
17.9.8 Psychiatric	*						B			
17.9.9 Substance abuse	*						B			
17.9.10 Cardiovascular	*						B			
17.9.11 Neurological	*						B			
17.9.12 Gastrointestinal	*						B			
17.9.13 Genitourinary	*						B			
17.9.14 Hematological	*						B			
17.9.15 Decompression sickness	*						B			
17.9.16 Triage	*						B			
17.9.17 Wound management	*						B			
17.9.18 Shock	*						B			
17.9.19 Birth in-flight							B			
17.9.20 Death in-flight	*						B			
17.10 Aerospace physiology: 17.10.1 Atmosphere laws	*						A			
17.10.2 Respiratory and circulatory phyisology	*						B			
17.10.3 Hypoxia	*						C			
17.10.4 Hyperventilation and positive pressure breathing	*						C			
17.10.5 Medical effects of pressure change	*						B			
17.10.6 Decompression sickness	*						B			
17.10.7 Cabin pressurization	*						B			
17.10.8 Sensory training	*						B			
17.10.9 Factors affecting tolerance to flight	*						B			
17.10.10 Use aircrew emergency oxygen	*						3c			
17.10.11 Complete altitude chamber flights	*						3c			

NOTE: IDMTs are responsible to maintain appropriate patient care skills (core tasks), and supervisory tasks as specified in attachment 2 of this STS and must maintain current minimum certification as an NREMT-B

Training references (TRs) applicable to the SEI 496 portion of the STS (area 19) that are approved for use in course development, QTP development, and OJT are listed in attachment 11, table 7 at the end of the entire STS.

1. Tasks, Knowledge, and Technical References	2. Core (5) / War-time Tasks (*)	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A IDMT Course	B N/A	C N/A	D QTP
18. INDEPENDENT DUTY MEDICAL TECHNICIAN 18.1 Administration of medical activities/ procedures										
18.1.1 Health Benefits Advisor (HBA)							B			
18.1.2 Line of Duty (LOD) determination							B			
18.1.3 Quality Improvement (QI)/Risk Management (RM)							B			
18.1.4 Medical logistic procedures							B			
18.1.5 Third party liability							B			
18.1.6 Certification of the IDMT							B			
18.1.7 Postmortem procedures							B			
18.1.8 Resource management							B			
18.1.9 Aircrew management							B			
18.1.10 Deployment Reports: 18.1.10.1 Pre-deployment planning							B			
18.1.10.2 On-site (SITREP)							B			
18.1.10.3 After action report							B			
18.1.11 Communicable disease reporting							B			
18.1.12 Maintain military health records							3c			
18.1.13 Administer Personnel Reliability Program (PRP)							3c			5
18.1.14 Files Maintenance							B			
18.1.15 Physical profiles							2b			
18.1.16 Demand management program							c			
18.1.17 Medical evidence protection/ chain of custody							c			
18.1 History and physical: 18.2.1 Obtain and record medical histories							3c			6
18.2.2 Perform patient examinations							3c			6
18.2.3 Perform Emergency Gynecological Exams							1c			6
18.3 Pharmacy and Therapeutics: 18.3.1 Identification of commonly used drugs										
18.3.1.1 Indications							C			
18.3.1.2 Dispensing							C			
18.3.1.3 Complications							C			
18.3.1.4 Precautions							C			
18.3.2 Schedule drugs							C			

1. Tasks, Knowledge, and Technical References	2. Core (5) / War-time Tasks (*)	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A IDMT Course	B N/A	C N/A	D QTP
18.4 Pharmacy procedures: 18.4.1 Maintain AF Form 579							3c			
18.4.2 Perform drug inventories							3c			
18.4.3 Calculate drug dosages							3c			1
18.5 Medical laboratory procedures: 18.5.1 Perform macro urinalysis							3c			7
18.5.2 Perform rapid reagent tests							3c			
18.6 Parenteral Therapy: 18.6.1 Signs and symptoms of fluid deficiencies							C			
18.6.2 Types of fluids utilized to correct fluid deficiencies							C			
18.6.3 Intravenous infusion							c			
18.7 Patient disorders: 18.7.1 Medical terminology							C			
18.7.2 Identification and management of:										
18.7.2.1 Integumentary disorders							C			
18.7.2.2 Eye disorders							C			
18.7.2.3 Ear, nose, and throat disorders							C			
18.7.2.4 Respiratory disorders							C			
18.7.2.5 Cardiovascular disorders							C			
18.7.2.6 Gastrointestinal disorders							C			
18.7.2.7 Genitourinary disorders							C			
18.7.2.8 Gynecological disorders							C			
18.7.2.9 Neurological disorders							C			
18.7.2.10 Behavioral disorders							C			
18.7.2.11 Substance abuse							B			
18.7.2.12 Orthopedic disorders							C			
18.7.2.13 Endocrine disorders							C			
18.7.2.14 Dental disorders							C			
18.8 Minor surgical procedures: 18.8.1 Use of local anesthesia							c			2
18.8.2 Wound closure							c			2
18.8.3 Wound care							c			
18.9 Population Health Management concepts: 18.9.1 Preventive Health Assessments (PHA)							B			
18.9.2 Health promotion educational resources							B			
18.9.3 Smoking cessation program							B			
18.9.4 Self care program							B			
18.9.5 Suicide awareness/prevention							B			
18.9.6 Assist with weight and body fat management program							B			
18.10 Bioenvironmental Services (BES): 18.10.1 Occupational health: 18.10.1.1 Reproductive health program							B			
18.10.1.2 Medical investigation of occupational accidents/injuries							B			
18.10.1.3 Shop surveys: 18.10.1.3.1 HAZCOM considerations							B			
18.10.1.3.2 Physical stresses							B			
18.10.1.3.3 Case file management							B			
18.10.2 Waste water collection, treatment, and disposal							B			

1. Tasks, Knowledge, and Technical References	2. Core (5) / War-time Tasks (*)	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A IDMT Course	B N/A	C N/A	D QTP
18.10.3 Waste collection and disposal							B			
18.10.4 Monitor water: 18.10.4.1 Potable sources: 18.10.4.1.1 Perform chlorine residual/pH test							3c			8
18.10.4.1.2 Perform bacteriological water testing							3c			8
18.10.4.2 Responsibilities for monitoring swimming pools, hot tubs, and natural bathing areas							B			
18.11 Public Health: 18.11.1 Principles of epidemiology							B			
18.11.2 Medical entomology							B			
18.11.3 Administer food safety program							3c			8
18.11.4 Rabies control program							B			
18.11.5 Inspection of public gathering places: 18.11.5.1 Barber/beauty shops							b			
18.11.5.2 Dormitories							b			
18.11.5.3 Other facilities							a			
18.11.6 Communicable disease prevention and monitoring							B			
18.11.7 Vulnerability assessment and site survey										
18.11.7.1 Evaluate safety and vulnerability of local food and water sources							-			
18.11.7.2 Perform an epidemiological risk assessment							-			
18.11.7.3 Evaluate local medical capabilities							-			
18.11.7.4 Perform vector or pest risk assessment							-			
18.11.7.5 Determine adequacy of hygiene of local billeting and public facilities							-			
18.11.7.6 Perform an environmental risk assessment							-			
18.12 Emergency medicine: 18.12.1 Emergency medicine considerations: 18.12.1.1 Management of environmental emergencies							B			
18.12.1.2 Identification and management of poisonous stings/bites and contact with poisonous plants							B			
18.12.1.3 Management of victims of violent crimes							B			
18.12.2 Emergency medicine procedures: 18.12.2.1 Airway management:										
18.12.2.1.1 Perform endotracheal intubation							3c			9
18.12.2.1.2 Perform needle thoracentesis for tension pneumothorax							3c			9
18.12.2.1.3 Perform cricothyroidotomy							3c			
18.12.2.1.4 Remove foreign bodies from										

1. Tasks, Knowledge, and Technical References	2. Core (5) / War-time Tasks (*)	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A IDMT Course	B N/A	C N/A	D QTP
airway							3c			
18.12.2.2 Management of maternal/child emergencies							b			
18.12.2.3 Independent management of multiple systems trauma patient							3c			9
18.12.2.4 Perform emergency cardiac care							2b			9
18.13 Field medicine: 18.13.1 War psychology							B			
18.13.2 Patient evacuation							B			
18.13.3 NBC considerations							B			
18.13.4 Field triage procedures							3c			
18.14 Expeditionary Medical Support 18.14.1 Perform Digital Radiology							-			
18.14.2 Monitor/assess mechanical field ventilation							-			
18.14.3 Perform ABG analysis							-			
18.14.4 Set-up and assist with arterial line insertion and management							-			

NOTE 1:   Critical Care Technicians are responsible to maintain appropriate patient care skills (core tasks), supervisory skills listed in attachment 2 of this STS and must maintain current minimum certification as an NREMT-B.

NOTE 2:   This attachment should be used to conduct on-the-job training for Critical Care Technicians. Items marked with a dash (-) in column 4A have been identified as items that each Critical Care Technician must receive on-the-job training on by qualified trainers.

Training references (TRs) applicable to the SEI 487 portion of the STS (area 19) that are approved for use in course development, QTP development, and OJT are listed in attachment 11, table 8 at the end of the entire STS.

1. Tasks, Knowledge, and Technical References	2. Core (5) / War-time Tasks (*)	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A OJT (see Note 2)	B N/A	C N/A	D QTP
19. Critical Care										
19.1 Hemodynamics										
19.1.1 History/development										
19.1.1.1 Normal hemodynamic values										
19.1.1.1.1 Adult							-			
19.1.1.1.2 Pediatric							-			
19.1.1.1.3 Neonate							-			
19.1.2 Wave Form Recognition										
19.1.2.1 Right Atrium (RA)							-			
19.1.2.2 Right Ventricle (RV)							-			
19.1.2.3 Pulmonary Artery (PA)							-			
19.1.2.4 Pulmonary Capillary Wedge (PCW)							-			
19.1.3 Life-threatening arrhythmia recognition							-			
19.2 Critical patient transport considerations										
19.2.1 Stable patient							-			
19.2.2 Unstable patient							-			
19.2.3 Neonates							-			
19.2.4 Extracorporeal membrane oxygenation (ECMO)							-			
19.3 Prepare patient with special equipment for transfer										
19.3.1 Assembles transport supplies										
19.3.1.1 Transport kit (Meds, Airway Management Kit)							-			
19.3.1.2 Operates transport isolettes - peds and neonatal							-			
19.3.1.3 Operates air transport isolettes-neonatal (NCCATT)							-			
19.3.1.4 Transport monitor							-			
19.3.1.5 Transport patient with ventilator							-			
19.4 Assist with medical examinations/special procedures:										
19.4.1 Pericardiocentesis							-			
19.4.2 Set-up an assist with percutaneous (bedside) tracheostomy placement							-			
19.4.3 Set-up/perform transurethral bladder pressures (IAP)							-			
19.5 Mechanical Ventilation:										

1. Tasks, Knowledge, and Technical References	2. Core (5) / War-time Tasks (*)	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A OJT (see Note 2)	B N/A	C N/A	D QTP
19.5.1 Ventilator Classifications 19.5.1.1 Timed Cycled							-			
19.5.1.2 Pressure Cycled							-			
19.5.1.3 Volume Cycled							-			
19.5.2 Ventilation Modes 19.5.2.1 Controlled Ventilation (CV)							-			
19.5.2.2 Assist/Control (A/C)							-			
19.5.2.3 Intermittent Mandatory Ventilation (IMV)							-			
19.5.2.4 High Frequency Ventilation (HFV)							-			
19.5.2.5 Pressure regulated volume control (PRVC)							-			
19.5.2.6 Mandatory minute ventilation (MMV)							-			
19.5.2.7 Synchronized Intermittent Mandatory Ventilation (SIMV)							-			
19.5.3 Mechanical Ventilation settings 19.5.3.1 Tidal Volume							-			
19.5.3.2 Inspiratory Pressure							-			
19.5.3.3 Inspiratory Flow							-			
19.5.3.4 I:E Ratio							-			
19.5.3.5 Peak airway pressure							-			
19.5.3.6 Mean airway pressure							-			
19.5.3.7 Minute Volume							-			
19.5.3.8 Ventilator alarm/circuit trouble shooting							-			
19.5.3.9 Set-up PEEP-Saver Valve							-			
19.5.3.10 Positive End-Expiratory Pressure (PEEP)							-			
19.5.3.11 Continuous Positive Airway Pressure (CPAP)							-			
19.5.3.12 Weaning parameters							-			
19.5.4 Patient Management 19.5.4.1 Post-op Patient							-			
19.5.4.2 COPD							-			
19.5.4.3 Status Asthmaticus							-			
19.5.4.4 ARDS							-			
19.5.4.5 ECMO							-			
19.5.4.6 Set-up and assist with intubation/extubation							-			
19.5.5 Arterial blood gas 19.5.5.1 Perform ABG Analysis							-			
19.5.5.2 Normal Values							-			
19.5.6 Inflight vent consideration 19.5.6.1 Liquid O2 Box (LOX Box)							-			
19.5.6.2 Compressed gas							-			
19.5.6.3 Aircraft O2 systems							-			
19.5.6.4 Airway management							-			
19.6 Cardiovascular procedures: 19.6.1 Hemodynamic catheters 19.6.1.1 Standard VIP Catheter (Swan-Ganz)							-			
19.6.1.2 Right Ventricular Ejection Fraction/Volumetric Oximetry Catheter							-			
19.6.1.3 Continuous Cardiac Output/VIP Catheter (CCO/VIP)							-			

1. Tasks, Knowledge, and Technical References	2. Core (5) / War-time Tasks (*)	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A OJT (see Note 2)	B N/A	C N/A	D QTP
19.6.1.4 Continuous Cardiac Output/Mixed Venous/ VIP Catheter (CCO/SVO2VIP)							-			
19.6.1.5 Paceport Catheter							-			
19.6.1.6 Recognize insertion wave forms							-			
19.6.2 Perform pulmonary artery pressure measurements (PAP)							-			
19.6.3 Perform central venous pressure measurements (CVP)							-			
19.6.4 Perform and obtain Pulmonary Capillary Wedge Pressure (PCWP)							-			
19.6.5 Draw mixed venous blood sample							-			
19.6.6 SVO2 monitoring							-			
19.6.7 Set-up and assist with transvenous pacing catheter placement 19.6.7.1 Set-up for flow directed pacing catheter placement							-			
19.6.7.2 Transvenous							-			
19.6.8 Set-up, assist and monitor Intraaortic Balloon Pump Insertion (IABP)							-			
19.6.9 Set-up and assist with umbilical artery catheter (UAC) placement							-			
19.7 Special neurovascular procedures 19.7.1 Intracranial pressures							-			
19.1.7.2 Set-up/assist with intracranial pressure (ICP) monitoring line placement							-			
19.7.3 Perform intracranial pressure measurements							-			
19.7.4 Set-up and assist with ventriculostomy placement							-			
19.7.5 Set-up and assist with cold calorics							-			
19.8 Hemodialysis 19.8.1 Acute Renal Failure							-			
19.8.2 Fluid overload							-			
19.8.3 Acidosis/alkalosis							-			
19.8.4 Continuos arterial venous hemodialysis (CAVHD)							-			
19.8.5 Continuous veno-venous hemodialysis (CVVHD)							-			
19.8.6 Continuous ambulatory peritoneal dialysis (CAPD)							-			
19.8.7 Continuous cyclic peritoneal dialysis (CCPD)							-			

NOTE: Squadron Medical Element Technicians are responsible to maintain appropriate patient care skills (core tasks), and supervisory skills listed in attachment 2 of this STS and must maintain current minimum certification as an NREMT-B.

Training references (TRs) applicable to the SME STS (area 20) that are approved for use in course development, QTP development, and OJT are listed in attachment 12, table 9 at the end of the entire STS.

1. Tasks, Knowledge, and Technical References	2. Core (5) / War-time Tasks (*)	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A OJT	B N/A	C N/A	D QTP
20. Squadron Medical Element 20.1.1 Obtain and record medical history							-			
20.1.2 Intravenous (IV) therapy										
20.1.2.1 Determine need for IV therapy							-			
20.1.2.2 Determine IV equipment needs							-			
20.1.2.3 Assemble equipment							-			
20.1.2.4 Insert peripheral IV lines							-			
20.1.2.5 Establish drip rates							-			
20.1.2.6 Monitor infusion/complications							-			
20.1.2.7 Advanced Airway Management							-			
20.1.3 Minor surgical procedures 20.1.3.1 Apply aseptic and infection control procedures							-			
20.1.3.2 Use of local anesthetic							-			
20.1.3.3 Insert sutures							-			
20.1.3.4 Remove sutures							-			
20.1.4 Basic casting techniques							-			
20.1.5 Immunization requirements for deployment area: 20.1.5.1 Determine requirements							-			
20.1.5.2 Administer immunization							-			
20.1.5.3 Adverse reactions: 20.1.5.3.1 Recognize							-			
20.1.5.3.2 Treat							-			
20.1.6 Basic laboratory procedures 20.1.6.1 Collect samples 20.1.6.1.1 Tissue							-			
20.1.6.1.2 Fluid							-			
20.1.6.2 Perform rapid reagent tests 20.1.6.2.1 Blood							-			
20.1.6.2.2 Urine							-			
20.1.7 Dental treatment 20.1.7.1 Assess injuries with dental complications							-			
20.1.7.2 Perform field emergency treatment							-			

1. Tasks, Knowledge, and Technical References	2. Core (5) / War-time Tasks (*)	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A OJT	B N/A	C N/A	D QTP
treatment										
20.1.8 Pharmacology 20.1.8.1 Commonly used drugs							-			
20.1.8.2 Uses							-			
20.1.8.3 Complications							-			
20.1.8.4 Precautions							-			
20.1.8.5 Schedule Drugs							-			
20.1.8.6 Documentation 20.1.8.6.1 Drug Inventory							-			
20.1.8.6.2 Maintain AF Form 579							-			
20.2 Deployment Reports 20.2.1 Deployment Reports: 20.2.1.1 Pre-deployment planning							-			
20.2.1.2 On-site (SITREP)							-			
20.2.1.3 After action report							-			
20.3 Deployment Medical Materiel (ATC, ATTU, PAM, etc.) 20.3.1 Concept of Operations							-			
20.3.2 Resource management							-			
20.3.3 Set-up and utilization							-			
20.4 Site Selection/Field Sanitation Activities 20.4.1 Conduct food inspections							-			
20.4.2 Establish waste disposal procedures							-			
20.4.3 Conduct industrial hygiene inspections							-			
20.4.4 Perform water sampling/testing							-			

NOTE 1: Formal courses and field supervisors may use any of the training references (TRs) identified for each area of the STS as needed for the purpose of developing training curriculum.

NOTE 2: The listing of any TR in this attachment does not imply copyright approval from the various publishers. Use of these reference sources is subject to all copyright laws.

NOTE 3: Field supervisors and training personnel are encouraged to contact the formal courses, as necessary, to confirm training references currently being used in formal course curriculum.

LIST OF ATTACHED TRAINING REFERENCE TABLES

TABLE	*APPLICABLE SPECIALTY*	*APPLICABLE STS AREA(s)*
1	4N0X1 (Aerospace Medical Service Apprentice/ Journeyman/Craftsman)	1 through 12
2	4N0X1A (Allergy/Immunization)	13
3	4N0X1B (Neurology)	14
4	SEI 486 (Hemodialysis)	15
5	SEI 490 (Hyperbaric)	16
6	SEI 494 (Aeromedical Evacuation)	17
7	SEI 496 (Independent Duty Medical Technician)	18
8	SEI 487 (Critical Care)	19
9	SME JQS	20

TABLE 1

4N0X1 Training References
(STS areas 1 through 12)

Note: All references listed imply the current edition of the publication.

- All official DoD, Air Force, and MAJCOM publications, to include this CFETP.

- Manufacturer's operating instructions for equipment as applicable.

- Accreditation Manual for Ambulatory Care (Joint Commission on Accreditation of Healthcare Organizations).

- Basic Life Support for Healthcare Providers (American Heart Association).

- Brady's Prehospital Emergency Care (Mistovich, Hafen, and Karren)

- Comprehensive Accreditation Manual for Hospitals (Joint Commission on Accreditation of Healthcare organizations).

- Emergency Care and Transportation of the Sick and Injured (American Academy of Orthopaedic Surgeons).

- Fundamental Concepts and Skills for Nursing (Dewitt).

- Microsoft (Microsoft Corp.).

- Mosby's Medical, Nursing and Allied Health Dictionary (Mosby's Inc.).

- The Lippincott Manual of Nursing Practice (Suddarth).

TABLE 2

4N0X1A Training References
(STS area 13)

Note: All references listed imply the current edition of the publication.

- All official DoD, Air Force, and MAJCOM publications, to include this CFETP.

- Manufacturer's operating instructions for equipment as applicable.

- Allergic Diseases Diagnosis and Management (Patterson).

- Allergy Principles and Practice, Volumes I and II (Middleton).

- Allergy/Clinical Immunology Technician Course Manual (Walter Reed Army Medical Center).

- General Recommendations on Immunization, Recommendations of the Advisory Committee on Immunization Practices (ACIP).

- Health Information for International Travel (U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Infectious Diseases).

- ImmunoFacts Vaccines and Immunologic Drugs (Grabenstein).

- Morbidity and Mortality Weekly Report (Centers for Disease Control).

- Mosby's Textbook for Nursing Assistants (Sorrentino).

- Red Book Report of the Committee on Infectious Diseases (American Academy of Pediatrics).

- The Lippincott Manual of Nursing Practice (Suddarth).

- AMERICAN ACADEMY OF PEDIATRICS
  WWW.AAP.ORG/

- ANTHRAX VACCINE IMMUNIZATION PROGRAM
  www.anthrax.osd.mil/
  email: avip@otsg.amedd.army.mil

- ARMED FORCES MEDICAL INTELLIGENCE CENTER
  https://mic.afmic.detrick.army.mil/

- Army Center for Health Promotion & Preventive Medicine
  chppm-www.apgea.army.mil/dcpm/dcpm.htm

- Aventis Pasteur Pharmaceuticals

http://www.aventispasteur.com/us/vaccines/

- Center for Disease Control and Prevention
  www.cdc.gov/
  www.cdc.gov/nip

- Deployment Link
  www.deploymentlink.osd.mil

- Directorate of Medical Material (DMMOnline)
  http://dscp305.dscp.dla.mil/dmmonline/pharm/vaccines.asp

- GlaxoSmithKline Pharmaceuticals
  http://gskvaccines.com/vaccines/index_member.jsp

- Immunization Action Coalition
  www.immunize.org/

- ImmunoFacts
  www.immunofacts.com/

- Joint Staff and Unified Command Immunization Information
  www.tricare.osd.mil/immunization

- Medical Occupational Data System (MODS) information
  www.mods.asmr.com
  Jpruett@asmr.com

- Merck & Co. Vaccines
  http://www.merckvaccines.com/srv/gw/home/home1.jsp?frame=1

- National Network for Immunization Information
  http://www.immunizationinfo.org/features/index.cfm?ID=43

- National Vaccine Injury Compensation Program
  www.hrsa.gov/bhpr/vicp

- Navy Epidemiology Department Immunization Information Page
  www-nehc.med.navy.mil/prevmed/epi/imunmain.htm

- Occupational Safety and Health Administration
  www.osha.gov/

- The Group on Immunization Education of the Society of Teachers of Family Medicine
  http://www.immunizationed.org/

- USAF Immunization Reference, Policies, and Practices
  wwwsam.brooks.af.mil/web/eh/html/immune.htm

- Vaccine Page
  www.vaccines.org/

- Vaccine Adverse Event Reporting System
  www.fda.gov/cber/vaers/vaers.htm

- World Health Organization—Vaccines, Immunization, and Biologicals
  http://www-nt.who.int/vaccines/globalsummary/Immunization/CountryProfileSelect.cfm

TABLE 3

4N0X1B Training References
(STS area 14)

Note: All references listed imply the current edition of the publication.

- All official DoD, Air Force, and MAJCOM publications, to include this CFETP.

- Manufacturer's operating instructions for equipment as applicable.

- A Drug Reference for EEG Technologists (Miller).

- A Primer of Brain Tumors (Association for Brain Tumor Research).

- A Review of the International Ten-Twenty System of Electrode Placement (Grass Instrument Co.).

- An Introduction to EEG Safety (Grass Instrument Co.).

- Atlas of Adult Electroencephalography (Blume and Kaibara).

- Atlas of Neonatal Electroencephalography (Stockard-Pope, Werner, and Bickford).

- Back to Basics: A Handbook of EEG Technology (Clenney and Johnson).

- Brain Facts (Society for Neurosciences).

- Chart 1: International (10-20) Electrode Placement (Grass Instrument Co.).

- Chart 3A: Control of Low Frequency Response (Grass Instrument Co.).

- Chart 3B: Control of High Frequency Response (Grass Instrument Co.).

- Chart 4A: Resistance: Ohm's Law, Use of Ohmmeter for EEG Electrode Testing (Grass Instrument Co.).

- Chart 4B: Resistance and Impedance as Applied to EEG Electrode Testing (Grass Instrument Co.).

- Chart 5: Far-Field Recording of Auditory Brain Stem Responses Latencies Measured in Human Subjects (Grass Instrument Co.).

- Chart 6A: Far-Field Recording of Brain Stem Auditory Evoked Responses (Grass Instrument Co.).

- Current Practices of Clinical Electroencephalography (Daly and Pedley).

- EEG Changes in Metabolic Disorders (Saunders).

- Evoked Potential Primer (Misulis).

- Fundamentals of EEG Technology, Volume 1: Basic Concepts and Methods (Tyner, Knott, and Mayer).

- Fundamentals of EEG Technology, Volume 2: Clinical Correlates (Tyner, Knott, and Mayer).

- Glossary of Terms Used in Electroencephalography (Grass Instrument Co.).

- Journal of Clinical Neurophysiology (Raven Press).

- Manual of Nerve Conduction Velocity and Clinical Neurophysiology (DeLisa).

- Physiological Basis of Electrical Activity of Cerebral Origin (Gabor).

- Principles of Anatomy and Physiology (Tortora and Anagnostakos).

- Seizure Disorders: Clinical Management (Health Learning Systems, Inc.).

- Spehlmann's EEG Primer (Fisch).

- Standard EEG Montages (Grass Instrument Co.).

- The EEG Handbook (Dyro).

- The Heart and Electrical Hazards (Beckman Instrument, Inc.).

TABLE 4

SEI 486 Training References
(STS area 15)

Note: All references listed imply the current edition of the publication.

- All official DoD, Air Force, and MAJCOM publications, to include this CFETP.

- Manufacturer's operating instructions for equipment as applicable.

- Core Curriculum for Nephrology Nursing (Lancaster).

- Core Curriculum for the Dialysis Technician (Amgen, Inc.).

TABLE 5

SEI 490 Training References
(STS area 16)

Note: All references listed imply the current edition of the publication.

- All official DoD, Air Force, and MAJCOM publications, to include this CFETP.

- Manufacturer's operating instructions for equipment as applicable.

- CDC Guidelines for Isolation Precautions in Hospitals and Infection Control in Hospital Personnel (Centers for Disease Control).

- Hyperbaric Medicine Practice (Kindwall).

- NFPA Standards for Healthcare Facilities (National Fire Protection Association).

- Safety Standards for Pressure Vessels for Human Occupancy (American Society of Mechanical Engineers).

- The Lippincott Manual of Nursing Practice (Suddarth).

TABLE 6

SEI 494 Training References
(STS area 17)

Note: All references listed imply the current edition of the publication.

- All official DoD, Air Force, and MAJCOM publications, to include this CFETP.

- Manufacturer's operating instructions for equipment as applicable.

- The Advance of American Nursing (Kalish, Phillip& Kalish, Beatrice)

- Medical Support: Army Air Forces in WWII (Link, Mae M & Coleman, Hubert)

- Flight Nursing Principles and Practice, Mosby (Holleran, R.)

- Pathophysiology: The Biologic Basis for Disease in Adults and Children, Mosby (McCance, K & Huether, S)

- Aviation Medicine (Ernsting, John and King, Peter)

- Gray's Anatomy (Gray, Henry)

- Textbook of Medical Physiology (Guyton, Arthur C.)

- Essential of Human Anatomy and Physiology (Marieb, Elaine N.)

- Joint Tactics, Techniques and Procedures for Patient Movement in Joint Operations, Joint Pub 4-0.2.2

- Trauma management on the battlefield: a modern approach. JR Army Med Corps 142:120-5 (Hawley A.)

- Emergency War Surgery NATO Handbook (Bowen and Bellamy).

- Emergency Care and Transportation of the Sick and Injured (American Academy of Orthopaedic Surgeons).

- Brady's Prehospital Emergency Care (Mistovich, Hafen, and Karren)

- Control of Communicable Diseases Manual (American Public Health Association)

- Medical Management of Biological Casualties www.usamriid.army.mil/eduation.bluebook

- Medical Management of Chemical Casualties ccc.apgea.army.mil

- Medical Management of Radiation Casualties www.afrri.usuhs.mil

- Textbook of Military Medicine: Medical Aspects of Chemical and Biological Warfare
  ccc.apgea.army.mil

- Tabers's Cyclopedic Medical Dictionary (Davis).

- Lippincott Manual of Nursing Care (Suddarth).

TABLE 7

SEI 496 Training References
(STS area 18)

Note: All references listed imply the current edition of the publication.

- All official DoD, Air Force, and MAJCOM publications, to include this CFETP.

- Manufacturer's operating instructions for equipment as applicable.

- Emergency Care and Transportation of the Sick and Injured (American Academy of Orthopaedic Surgeons).

- Basic and Clinical Pharmacology (Katzung).

- Brady Emergency Care (Mistovich, Hafen, and Karren)

- Brady Intermediate Emergency Care (Porter, Porter, and Cherry).

- Control of Communicable Diseases Manual (Benenson).

- Current Emergency Diagnosis and Treatment (Appleton and Lange).

- Current Medical Diagnosis and Treatment (Appleton and Lange).

- Emergency War Surgery (U.S. Government Printing Office, Washington, DC).

- Food and Drug Administration (FDA) Food Code

- Fundamentals Concepts and Skills for Nursing (Susan C. deWitt)

- Guide to Physical Examination and History Taking (Bates).

- Handbook of Psychiatric Emergencies (Dubin and Weiss).

- Hazardous Chemicals Desk Reference (Academy of Certified Hazardous Mate).

- Human Anatomy and Physiology (Hole, Jr.).

- Management of Wilderness & Environmental Emergencies (Auerbach and Geehr).

- Medical Microbiology (Murray, Rosenthal, Kobayash, Pfaller)

- PHTLS, Basic and Advanced (Mosby Lifeline).

- <u>Physicians' Drug Handbook</u> (Springhouse Corporation).

- <u>Poisonous Snakes of the World, A Handbook for Use by U.S. Amphibious Forces</u> (U.S. Navy).

- <u>Safe Drinking Water Act</u> (Environmental Protection Agency).

- <u>Safe Water Act</u> (Environmental Protection Agency).

- <u>Textbook of Advanced Cardiac Life Support</u> (American Heart Association).

TABLE 8

SEI 487 Training References
(STS area 19)

Note: All references listed imply the current edition of the publication.

- All official DoD, Air Force, and MAJCOM publications, to include this CFETP.

- Manufacturer's operating instructions for equipment as applicable.

- AACN Procedure Manual for Critical Care, 3rd Edition (Boggs and Logston).

- Handbook of Noninvasive Diagnostic Techniques in Vascular Surgery

- Lippincott-Raven, Critical Care 3rd Edition

- Lippincott Manual of Nursing Care (Suddarth).

TABLE 9

Squadron Medical Element
(STS area 20)

Note: All references listed imply the current edition of the publication.

- All official DoD, Air Force, and MAJCOM publications, to include this CFETP.

- Manufacturer's operating instructions for equipment as applicable.

- Emergency Care and Transportation of the sick and injured (American Academy of Orthopaedic Surgeons).

PART II, SECTION B - COURSE OBJECTIVE LIST

1. Resident Course.

1.1. To obtain a copy of a Course Objective List, refer to
https://webm.sheppard.af.mil/882trg/383/2content.html.

2. Career Development Courses (CDC).

2.1. Information pertaining to CDCs can be obtained from the Air Force Institute for Advanced Distributed Learning (AFIADL) at Maxwell AFB, Gunter Annex, AL.

PART II, SECTION C - SUPPORT MATERIALS

1. Qualification Training Packages (QTPs).

1.1. QTPs must be used for training on all items identified in an individual's STS as a duty position task that have a designated QTP identified in column 4D of the STS.

1.2. QTPs listed in this section have been developed and are official Air Force publications. All QTPs listed can be obtained through the AFPUBS website. http://www.e-publishing.af.mil

1.3. To assist in the standardization of training and to eliminate duplication, the QTPs listed in this section must be used when applicable to an individual's duty position.

1.4. When identified as applicable to an individual's duty position, the frequency that training must be accomplished by using each of the QTPs listed in this section is specified next to each QTP module.

1.5. QTPs have been developed and are listed on the following pages for the following specialties (Note: This list reflects the chronological order in which QTP volume development has occurred):

1.5.1. 4N0X1 (Aerospace Medical Service Specialty).

1.5.2. SEI 496 (IDMT).

1.5.3. 4N0X1B (Neurology Technician).

1.5.4. 4N0X1A (Allergy/Immunization Technician).

1.5.5. SEI 487 (Critical Care)

1.5.6. Gastroenterology

NOTE: MAJCOM coordination is required when requesting development of new QTPs. POC for QTP development is the 4N051 CDC Writer/Manager, 882d Training Group, Sheppard AFB, Texas. CFM approval is required for all QTPs.

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2. Available Aerospace Medical Service Specialty (4N0X1) QTPs (POC: 882 TRG, Sheppard AFB, TX):

Number	Frequency	Title
QTP 4N0X1-Vol 1		**Fundamentals of Nursing Care**
Module 1	every 2 yrs	Sterilization procedures for supplies and equipment
Module 2	Annual	Orthostatic vital signs
Module 3	Annual	Set-up cardiac monitor/defibrillator
Module 4	Annual	Perform 12-lead EKG
Module 5	Annual	Identify life-threatening arrhythmias
Module 6	every 2 yrs	Perform/monitor pulse oximetry oxygen saturation
Module 7	Annual	Collect and label blood from venipuncture
Module 8	every 2 yrs	Test urine for sugar, acetone, specific gravity, and perform hematest
Module 9	every 2 yrs	Perform finger/heel sticks for blood sampling
Module 10	every 2 yrs	Use blood glucose meter
Module 11	Annual	Medication administration
Module 12	Annual	Intravenous infusion
Module 13	Annual	Blood administration
Module 14	every 2 yrs	Tympanometry
QTP 4N0X1-Vol 2		**Nursing Care of Patients with Special Needs**
Module 1	Annual	Assist with central venous line insertion and monitoring
Module 2	Annual	Assist with chest tube insertion/monitor water seal drainage
Module 3	Annual	Assist with arterial line insertion
Module 4	Annual	Assist with pulmonary artery catheter insertion and measurements/ cardiac output measurements
Module 5	Annual	Drawing radial arterial blood gas sample percutaneously/via manifold
Module 6	Annual	Administer local anesthetic agents
Module 7	Annual	Wound closure
Module 8	Annual	Insert/irrigate/remove nasogastric tube
Module 9	Annual	Establish/maintain/remove closed urinary drainage system
Module 10	every 2 yrs	Set-up and rotate patient on a turning frame
QTP 4N0X1-Vol 3		**Nursing Care of Patients in Emergency Situations**
Module 1	Annual	Hazardous Materials (HAZMAT)
Module 2	Annual	Field triage
Module 3	Annual	Set-up equipment for cardioversion/defibrillation/pacemaker
Module 4	see Sect.F Part 2	Operate Auto/Semiautomated External Defibrillator (A/SAED)
Module 5	every 2 yrs	Irrigate eyes
Module 6	Annual	Apply simple cast/splint, trim/petal, bivalve, and remove cast
Module 7	Annual	Emergency medication administration
QTP 4N0X1-Vol 4		**Nursing Care in the Outpatient Clinic**
Module 1	every 2 yrs	Perform Pseudofolliculitis barbae (PFB) treatments
Module 2	every 2 yrs	Perform wart clinic procedures

3. Available Independent Duty Medical Technician (SEI 496) QTPs (POC: 882 TRG, Sheppard AFB, TX):

Note: QTPs are utilized for initial and refresher IDMT training.

Number	Title
QTP 4N0X1 Vol 5	**Site Administration**
Module 1	Personnel Reliability Program
QTP 4N0X1 Vol 6	**History and Physical**
Module 1	Obtain and record medical history
Module 2	Perform physical examinations
Module 3	Perform emergency gynecological examinations
QTP 4N0X1 Vol 7	**Medical Laboratory Procedures**
Module 1	Perform macroscopic urinalysis
Module 2	Perform hematocrit
QTP 4N0X1 Vol 8	**Bioenvironmental and Public Health Procedures**
Module 1	Perform chlorine residual/pH test
Module 2	Perform bacteriological water testing
Module 3	Conduct food safety inspections
QTP 4N0X1 Vol 9	**Emergency Medicine Procedures**

Module 1		Airway management
Module 2		Management of the multiple system trauma patient
Module 3		Administer intravenous medications

4. Available Neurology Technician (4N0X1B) QTPs (POC: Neurology Technician Course, Naval School of Health Sciences, Portsmouth VA.):

Number	Frequency	Title
QTP 4N0X1 Vol 10		**Neurology Specialty**
Module 1	Annual	EEG recording processes; Perform appropriate recording methods to obtain brain wave recordings
Module 2	Annual	Evoked potential recording modalities; Perform appropriate recording methods to obtain evoked potential
Module 3	Annual	Nerve conduction recording processes
Module 4	Annual	Assist medical officer with special procedures

5. Available Allergy/Immunization Technician (4N0X1A) QTPs (POC: Allergy/Immunization Functional Manager):

Number	Frequency	Title
QTP 4N0X1 Vol 11		**Allergy Specialty**
Module 1	Annual	Principles of allergy
Module 2	Annual	Type 1 hypersensitivity skin testing; intradermal and prick
Module 3	Annual	Pulmonary function testing
Module 4	Annual	Obtaining and staining nasal smears
Module 5	Annual	Administration and management of immunotherapy injections
Module 6	Annual	Mixing of serial 10 fold dilutions
Module 7	Annual	Type 4 hypersensitivity skin testing
Module 8	Annual	Patient education (allergy patient)
QTP 4N0X1 Vol 12		**Immunization Specialty**
Module 1	Annual	Principles of active and passive immunity
Module 2	Annual	Active duty immunizations
Module 3	Annual	Pediatric immunizations
Module 4	Annual	Management of adverse reactions following immunizations

6. Available Critical Care Technician (SEI 487) QTPs (POC: 882 TRG, Sheppard AFB, TX):

Number	Frequency	Title
QTP 4N0X1 Vol 13		**Critical Care Specialty**
Module 1	Annual	Obtaining ankle brachial index
Module 2	Annual	Performing transurethral bladder pressures
Module 3	Annual	Set-up and assist with diagnostic peritoneal lavage
Module 4	Annual	Assisting with ice-water caloric testing
Module 5	Annual	Assist with ventriculostomy placement
Module 6	Annual	Fiber-optic intracranial pressure monitoring
Module 7	Annual	Synchronized cardioversion
Module 8	Annual	Set-up and assist with transcutaneous pacing
Module 8	Annual	Set-up and assist with transvenous pacing
Module 10	Annual	Assist with intraaortic balloon pump monitoring
Module 11	Annual	Drawing mixed venous blood samples
Module 12	Annual	Set-up and assist with intubation/extubation
Module 13	Annual	Endotracheal/tracheostomy suctioning
Module 13	Annual	Monitor patient on mechanical ventilation (vent modes)
Module 13	Annual	Assist with percutaneous (bedside) tracheostomy placement
Module 13	Annual	Set-up and assist with pericardiocentesis
Module 13	Annual	Set-up and assist with paracentesis
Module 13	Annual	Set-up and assist with lumbar puncture
Module 13	Annual	Set-up/assist with Esophagogastric Tamponade tube placement
Module 13	Annual	Set-up/assist with Tonometric Nasogastric sump placement/operation
QTP's NOT COMPLETED		
Module 13	Annual	Hemodynamics (Waveform Recognition)

| Module 13 | Annual | Set-up and assist neonatal air/land transport isolettes (PCATT) |
| Module 13 | Annual | Set-up and assist with critical patient transport (stable, unstable, neonate, pediatric) CCATT Transports |

7. Available Gastroenterology Technician (4N0X1) QTPs (POC: 882 TRG, Sheppard AFB, TX):

Number	Frequency	Title
QTP 4N0X1 Vol 14		**Gastroenterology Specialty**
Module 1	Annual	Assisting with colonoscopy/Assist with hot biopsy or snare polypectomy
Module 2	Annual	Assist with rigid sigmoidoscopy/Assist with flexible sigmoidoscopy
Module 3	Annual	Performing manual precleaning of endoscope
Module 4	Annual	Assist with upper endoscopy exam (EGD)
Module 5	Annual	Perform cold sterilization of endoscope/Perform mechanical sterlization of endoscope (Steris II processor) /Olympus/ETC

PART II, SECTION D - TRAINING COURSE INDEX

1. Resident Courses.

1.1. Refer to AFCAT 36-2223, USAF Formal Schools, for complete information on the courses listed in this section.

1.2. Resident courses applicable to AFSC 4N0XX:

Course Number	Course Title
J3AQR4N031 004	Aerospace Medical ServiceApprentice
J5ABO4N031 001	Aerospace Medical ServiceApprentice - Phase II
J5ALA4N0X1A 001	Allergy/Immunization Technician
J5ALN4N0X1B 000	Neurology Technician
B3AZY4X0X1 005	Advanced Clinical Hyperbaric Medicine Training
B3AZYBLMD 001	Aeromedical Evacuation Technician
J3AZR4N071 006	Independent Duty Medical Technician

2. Career Development Courses (CDCs).

2.1. Refer to the Air Force Institute for Advanced Distributed Learning (AFIADL) catalog for complete information on the courses listed in this section.

2.2. Career Development Courses applicable to AFSC 4N0XX:

Course Number	Course Title
CDC 4N051A	Aerospace Medical Service Journeyman
CDC 4N051B	Aerospace Medical Service Journeyman
CDC 4N051C	Aerospace Medical Service Journeyman-Transitional
CDC 4N051D	Aerospace Medical Service Journeyman-Transitional
CDC 4N071	Aerospace Medical Service Craftsman

2.2.1. Successful completion of CDC 4N051A is mandatory before enrolling in CDC 4N051B.

2.2.2. Successful completion of CDC 4N051A and B is mandatory before enrolling in CDC 4N051C (Transitional).

2.2.3. Successful completion of CDC 4F051 is mandatory before enrolling in CDC 4N051D (Transitional).

NOTE: Individuals entered into the new 4N051 CDC after January 2003 will not be required to do either 4N051C or 4N051D course respectively.

NOTE: CDC 4N071, Aerospace Medical Service Craftsman, will be available mid 2003.

PART II, SECTION E - MAJCOM UNIQUE REQUIREMENTS

1. Air Force Reserve.

1.1. Purpose: This section applies to <u>all</u> Aerospace Medical Services Specialty personnel assigned to <u>all</u> Air Force Reserve medical units.

1.2. Additional Apprentice (3-skill level) training requirements:

1.2.1. Upon completion of the Aerospace Medical Service Apprentice Course (resident and Phase II), all Aerospace Medical Service Apprentices (non-prior service and cross-trainees) will be assigned to an active duty hospital for up to 120 days (minimum 60 days) to acquire proficiency in performing tasks for the 3-skill level. The length of training should be dependent upon the apprentice's civilian experience, if any. The nursing superintendent may submit a request for waiver of this Phase III training to HQ AFRC/SGN. The apprentice should be assigned to medical-surgical inpatient clinical settings. Active duty personnel should ensure that appropriate experiences and supervision are provided to assist the apprentice in gaining the desired confidence and proficiency.

1.2.2. To ensure continuity between resident and clinical training, the apprentice will forward a copy of his/her technical school certificate (AF Form 156) to their Reserve unit of assignment. The Reserve unit of assignment will then initiate upgrade action using AF Form 2096 to award the 3-skill level and enter the apprentice in the appropriate training status code (TSC) "B" or "F".

1.3. NREMT-B certification.

1.3.1. All Air Force Reserve Aerospace Medical Service personnel in the 3-, 5-, and 7-skill levels must maintain current minimum certification as an NREMT-B.

1.3.2. All Air Force Reserve 4N091 Aerospace Medical Service personnel must maintain current minimum certification as an NREMT-B when required by the current duty position.

1.4. OPR: AFRC/SGN, 135 Page Road, Robins AFB, GA 31098, DSN: 497-1893

2. Air National Guard.

2.1. Purpose: This section applies to <u>all</u> Aerospace Medical Service Specialty personnel assigned to <u>all</u> Air National Guard units.

2.2. Additional Apprentice (3-skill level) training requirements:

2.2.1. Upon completion of the Aerospace Medical Service Apprentice Course (resident and Phase II), all Aerospace Medical Service Apprentices will be evaluated by their Medical Squadron Commander for an additional 30 to 60 days of proficiency/seasoning training. This training must be accomplished at an active duty hospital within one year of completing Phase II training. This training is recommended for ANG personnel who are not in or pursuing a civilian medical-related occupation.

2.2.2. To ensure continuity between resident and clinical training, the apprentice will forward a copy of his/her technical school certificate (AF Form 1256) to their unit of assignment. The ANG unit will then initiate upgrade action using AF Form 2096 to award the 3-skill level and enter the apprentice in the appropriate

training status code (TSC) "B" or "F". This action will begin the three-month apprenticeship phase while accomplishing hospital inpatient care training.

2.3. NREMT-B certification.

2.3.1. All ANG Aerospace Medical Service personnel in the 3-, 5-, and 7-skill levels must maintain current minimum certification as an NREMT-B.

2.3.2. All ANG 4N091 Aerospace Medical Service personnel maintain current minimum certification as an NREMT-B when required by the current duty position.

2.4. OPR: HQ ANG/SGON, 3500 Fetchet Ave., Andrews AFB, MD 20762-5157, DSN: 278-8303 .

Purpose

This section is divided into three parts. Part 1 outlines procedures and requirements used to document enlisted training and competency. Part 2 describes the USAF Emergency Medical Technician (EMT) registration program as established by the USAF EMS Program Manager. Part 3 contains a monthly training checklist for supervisors to use when managing training.

Part 1: Enlisted Aerospace Medical Service Training and Competency

1. Developing a Master Training Plan (MTP).

1.1. <u>What Is It</u>?

1.1.1. A Master Training Plan is a reference guide developed for each section that includes all facets of training for individuals assigned. It is to be used as a reference source for the type of training and training documentation that occurs with each assigned member. The MTP is used to standardize training and to give trainers, trainees, supervisors, NCOICs, and OICs an overview of the training process for the duty section. The MTP is also used as a means to reduce the amount of paperwork previously required during the training process.

1.2. <u>What's In It</u>?

1.2.1. Keep in mind that the Master Training Plan is an overview of training for the duty section; it should include all documents involved in the training process for the duty section. Training will vary from section to section and person to person, but there are certain documents that will be a standard requirement for all MTPs. The documents are as follows:

1.2.1.1. Unit-specific orientation checklist.

1.2.1.2. Job description for each duty position within the duty section (see AFMAN 36-2108, Airman Classification).

1.2.1.3. Dual channel OJT concept.

1.2.1.3.1. Career knowledge requirements.

1.2.1.3.2. Job qualification requirements.

1.2.1.4. Testing procedures for CDCs.

1.2.1.5. Uses of AF Form 623 and Job Qualification Standards (JQSs).

1.2.1.6. Performance standards/position qualification training for each duty position.

1.2.1.7. Master Career Field Education and Training Plan (CFETP).

1.2.1.7.1. Identifies all tasks required for the duty section.

1.2.1.7.2. Standardized reference source for initiating individual training.

1.2.1.7.3. Impact of training on career progression.

1.2.1.8. Qualification Training Packages (QTPs) required to perform peacetime/wartime duties.

1.2.1.8.1. Required for all tasks identified in the CFETP that require completion of a QTP before certification.

1.2.1.8.2. Required for all tasks not listed in the CFETP and/or identified by the duty section or facility as a high-risk procedure or task. NOTE: Tasks included in the CFETP have already been reviewed. Those identified as high risk usually have a QTP. Other tasks in the CFETP **do not** require QTPs.

1.2.2. Rescinding items in the MTP.

1.2.2.1. The MTP must contain documents that relate to the training process for all enlisted and civilian equivalent duty section personnel and may contain both updated and rescinded versions of some documents.

2. Documentation of Training: The Enlisted Training and Competency Folder.

2.1. The purpose of this section is to provide guidelines and examples of proper documentation for the many forms used in training all 4N0XX personnel. Training documentation helps us to assess readiness capability, individual strengths and weaknesses, and resources needed to support quality patient care. It also helps us meet all JCAHO and regulatory requirements. The Enlisted Training and Competency Folder is limited to the forms presented here and those prescribed in AFI 36-2201. Your Unit Education Training Manager (UETM) can also assist you with specific questions on training documentation.

2.2. Documents included in the 4N0XX Enlisted Training and Competency Folder.

2.2.1. To assemble a 4N0XX training record, utilize a standard six-part folder (NSN 7530-00-990-8884, Folder, 6 Section).

2.2.2. Attach (glue/tape/staple) a computer generated or typewritten label titled "Enlisted Training and Competency Folder." This label must be centered on the top half of the front cover, as viewed in portrait orientation. In addition, include the member's full name (last, first, MI), rank, and SSAN on this label. An AFVA 205-14, Privacy Act Statement, must also be attached to the front cover. This label should be centered on the bottom half of the front cover, as viewed in portrait orientation (see attachment 1). To facilitate filing of folders, an additional label containing the member's full name (last, first, MI), should be placed inside the back cover of the folder in the upper right corner, as viewed in landscape orientation.

2.2.3. The six parts of the folder are discussed in detail in the following paragraphs. Each part will contain specific documents that should be filed in descending order (see attachment 1). Index tabs/tabbed dividers may be used in parts that contain multiple documents. Parts 2 through 5 are intended to replace the existing AF Form 623 and the documents contained therein. Training documents normally filed in the AF Form 623 will be filed in the 6-part folder in parts 2 through 5 in the same sequence that they appear in the current AF Form 623. Index tabs/tabbed dividers may be used in areas that contain multiple documents. When multiple copies of any form are placed into the OJT record, they are placed in chronological order with the most current documentation on top.

2.2.3.1. Part 1 (first two-pronged section).

2.2.3.1.1. *Section A - Locally required training and skills competency documentation*. This section is for maintaining documentation required by other regulatory guidance that is not maintained elsewhere in the OJT record, regardless of grade or training status.

2.2.3.1.2. *Section B - AF Form 55, Employee Safety and Health Record*. Regardless of grade or training status, AF Form 55 for the member is maintained in Part 1. AFI 91-301, Air Force Occupational and Environmental Safety, Fire Protection, and Health (AFOSH) Program, June 1996, authorizes supervisors to file the AF Form 55 with the AF Form 623, On-The-Job Training Record.

2.2.3.1.3. Note: Do not use or do not file AF Form 803, *Report of Task Evaluations,* for AFSC 4N0XX 6 Part Folders.

2.2.3.2. Part 2 (second two-pronged section).

2.2.3.2.1. *Section A - AF Form 623B, Individual Training Record (front and inside cover)*. Attach the front and inside cover of the member's current AF Form 623B onto Part 2 of the 6-part folder. Ensure all appropriate areas of the form are properly completed. ***Note: Maintenance of AF Form 623B is mandatory for all 4N031, 4N051, and 4N071 personnel, regardless of rank. In addition, an AF Form 623B is required for 4N091 personnel when required to maintain current NREMT certification due to the member's current duty position.*** The AF Form 623B is the document that is recognized by the personnel system in contingencies and deployments as the official formal training record.

2.2.3.2.2. *Section B - Career Field Education and Training Plan (CFETP)*. The Specialty Training Standard (STS) contained within the CFETP will be used to record training proficiency in various tasks that are required for an individual to perform duties in a specific work area. A master task listing for the work center is maintained in the master training plan for the duty section. Circle all core tasks and only those other tasks that the individual is required to perform in his/her current duty position.

2.2.3.2.3. *Section C - AF Form 797, Job Qualification Standard Continuation/Command JQS*. These forms will be used to document training for tasks that are not otherwise documented in the CFETP.

2.2.3.3. Part 3 (third two-pronged section).

2.2.3.3.1. *AF Form 1098, Special Task Certification and Recurring Training*. This part will contain three separate sections for the documentation of specific training. These forms are used to document qualification in tasks that require recurring training. They may also be used to document inservice and mandatory training. An AF Form 1098 will be created and clearly marked for each type of training documentation required. Ensure signatures and initials are included per AFI 36-2201.

2.2.3.3.1.1. *Section A - To document mandatory recurring training* (see attachment 3): Examples are BLS training, patient sensitivity training, and other mandated training as stipulated by JCAHO standards, Air Force, or facility directives. Mandatory training requirements may vary from facility to facility.   These requirements should be reviewed on an annual basis and updated as required.

2.2.3.3.1.2. *Section B - Qualification Training Packages* (see attachment 4): This section will be used to document ongoing completion of Qualification Training Packages (QTPs). Supervisors should develop AF Form 1098 overprints to group specific QTPs required within their duty sections. The initial completion of a

QTP is documented in the CFETP. ***Each QTP required for the duty section will be maintained in the Master Training Plan (MTP) and will be used as a training source document.***

2.2.3.3.1.3. *Section C - Inservice training*: Used to document inservice training (see attachment 5). *NOTE: If the inservice training applies to NREMT training, document appropriately in Part 6 of the OJT record.*

2.2.3.4. Part 4 (fourth two-pronged section).

2.2.3.4.1. *Section A - AF Form 623A, OJT Record Continuation Sheet.* This form will be utilized to document all progress of individual training to include facility orientation, unit specific orientation, upgrade training, Career Development Course (CDC) failures/corrective actions, any additional pertinent training, all decertification procedures, and supervisor/ trainer/certifier periodic review (see attachments 6, 7, and 8). The entire training process must be well documented on these forms. All individuals involved in the training process must document training progress as it occurs. Upgrade training status will be documented at least quarterly.

2.2.3.4.1.1. Facility orientation. Include a statement on the AF Form 623A that verifies facility orientation requirements were met and include signatures of both the supervisor and orientee. A master copy of the facility orientation checklist will be maintained in the master training plan for the duty section. ***Anytime there is a reference on the AF Form 623A to an orientation checklist, you must indicate the name and date of the checklist. Do not maintain copies of checklists in the OJT record.***

2.2.3.4.1.2. Unit-specific orientation. The unit-specific orientation is essential for all assigned members. Documentation of the orientation process must be thorough. The trainer will use the master copy of the unit-specific orientation checklist located in the master training plan. Each item on the checklist must be covered by the trainer to ensure standardization of training. When applicable, ensure these checklists address age-specific and population-specific knowledge and skills. To reduce the amount of paperwork in the OJT record, AF Form 623A will be used to record the orientation process. Ensure any applicable age-specific and population-specific training is documented as the final AF Form 623A orientation entry. An overprint AF Form 623A is recommended to ensure the suggested comments are annotated (see sample orientation documentation in attachment 6).

2.2.3.4.1.2.1. Orientee and trainer name/rank/unit assignment.

2.2.3.4.1.2.2. Orientation start date with initial interview comments (i.e. goals, desires, concerns related to the orientation process, etc.). Identify name and date of the orientation checklist.

2.2.3.4.1.2.3. Mid-orientation progress check to evaluate training effectiveness. Signed and dated by both the trainer and orientee.

2.2.3.4.1.2.4. Final evaluation of orientation process with statement that verifies orientee's unit-specific competency has been achieved. Signed and dated by the trainer supervisor, OIC, and orientee. Identify name and date of the orientation checklist.

2.2.3.4.1.3. Upgrade Training (5-7-9-skill levels).

2.2.3.4.1.3.1. Document entry into upgrade training and periodic (minimum quarterly) evaluations of training progress.

2.2.3.4.1.3.2. Information on extensions, waiver requests, or breaks in training should also be clearly documented with copies of any related correspondence.

2.2.3.4.1.3.3. Once an individual completes upgrade training commensurate to his/her rank and maintains an appropriate skill-level, their supervisor should continue to review requirements, progress, and individual training needs. OJT record reviews for current documentation must occur at least annually.

2.2.3.4.1.4. Document any decertification proceedings, to include dates, reasons for decertification, and other applicable information on the AF Form 623A.

2.2.3.4.1.5. Any further training pertinent to the duty section and or unit effectiveness can also be documented on the AF Form 623A.

2.2.3.4.2. The Job Description/Performance Standards for each duty position should be maintained in the Master Training Plan (MTP) in each duty section. An AF Form 623A overprint may be used to document both supervisor/subordinate reviews (see attachment 9). This form will be maintained in Part 4 of the OJT Record. The following statements will be jointly reviewed by the supervisor and subordinate:

2.2.3.4.2.1. "I know where to find a current copy of my Job Description/Performance Standards."

2.2.3.4.2.2. "I have read, discussed with my supervisor, and understand my Job Description/Performance Standards." **

2.2.3.4.2.3. "I understand my duties and responsibilities for the position that I am currently working in ."**

2.2.3.4.2.4. "If I have questions or concerns about my Job Description/Performance Standards, I will seek assistance from supervisory personnel in my chain of command."

2.2.3.4.2.5. "It is my responsibility to review my Job Description/Performance Standards with my supervisor annually and with each change in supervisor/duty position."**

2.2.3.4.3. A signature and date block for both the supervisor and subordinate will reflect mutual understanding of these statements. It is recommended that several signature and date spaces for the continual review process be included.

NOTE: ** Indicates requirement according to Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

2.2.3.4.4. *Section B - AETC Form 156, Student Training Report.* Upon completion of Aerospace Medical Service Apprentice Technical Training, file this form here. The form should be maintained in the folder until upgrade action to the 5-skill level becomes official.

2.2.3.5. Part 5 (fifth two-pronged section).

2.2.3.5.1. AE or ANG/AFRC sustainment training documentation only.

2.2.3.6. Part 6 (sixth two-pronged section).

2.2.3.6.1. *NREMT Documentation.* This part will contain documentation pertaining to NREMT training. Maintenance of certificates is an individual responsibility, however, **a copy of the member's current NREMT and CPR cards/certificates (only) may be maintained in this part of the folder.** All other training

certificates will <u>not</u> be maintained in the 6-Part Folder, but will be *accessible for review as needed from the individual*. Supervisors and individuals should continually monitor EMT training status to ensure no lapses in certification occur.   Further information on EMT training is included in Section F, Part 2 of this CFETP.

<u>List of attachments</u>:
1. Outside cover and organization of the Enlisted Training and Competency Folder.
2. Sample AF Form 797, documentation of waivered tasks (optometry duties).
3. Sample AF Form 1098, documentation of mandatory training.
4. Sample AF Form 1098, recurring QTP documentation.
5. Sample AF Form 1098, inservice training documentation.
6. Sample AF Form 623a, unit orientation documentation.
7. Sample AF Form 623a, initial upgrade training briefing.
8. Sample AF Form 623a, upgrade trainee responsibilities documentation.
9. Sample AF Form 623a, Job Description/Performance Standards review documentation.

ENLISTED TRAINING AND COMPETENCY FOLDER

Jones, William G.   123-45-6789

PERSONAL DATA
PRIVACY ACT OF 1974
(5U.S.C.552a)

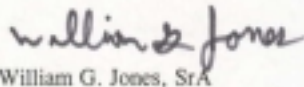29 March 1985   AFVA 205-15

Folder Contents

PART 1	PART 2	PART 3	PART 4	PART 5	PART 6
-Section A: Locally required Training and skills competency documentation -Section B: AF Form 55	-Section A: AF Form 623b (front and inside cover) Section B: CFETP Section C: AF FORM 797	-AF Form 1098 --Section A: Mandatory training --Section B: QTPs --Section C: Inservice training	-Section A: AF Form 623a --Job Description/ Performance Standards Review --Orientation --Training progress -Section B: AETC Form 156	This section will contain either AE or ANG/AFRC sustatinment information IAW applicable guidelines. *Do Not* use this section in any manner other than stated above.	- NREMT documentation Optional: Copy of BLS/NREMT card (ONLY)

Attachment 1   109

JOB QUALIFICATION STANDARD CONTINUATION/COMMAND JQS						
			CERTIFICATION			
TASKS, KNOWLEDGE, AND TECHNICAL REFERENCES	CORE TASK	START DATE	COMPLETE DATE	TRAINEE'S INITIALS	TRAINER'S INITIALS	CERTIFYING OFFICIAL'S INITIALS
1. Perform visual screening. TR: The ophalmic Assistant, current ed. and CDC 4V051, Vol 2.		020501	020606	WGJ	*RM*	
2. Order spectacles. TR: AFPAM 48-133 and CDC 4N0V1, Vol 1.		020501	020609	WGJ	*RM*	
3. Maintain prescription logbook. TR: AFPAM 48-133 and CDC 4V051, Vol 3.		020501	020614	WGJ	*RM*	

TRAINEE NAME (Last, First, MI) Jones, William G.	CFETP/JQS NUMBER	PAGE NO

AF FORM 797, 19990201   (EF-V2)   PREVIOUS EDITIONS ARE OBSOLETE

Attachment 2

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SPECIAL TASK CERTIFICATION AND RECURRING TRAINING

TASK OR RECURRING TRAINING AND TECHNICAL REFERENCES A.	DATE COMPLETED B.	SIGNATURE OF CERTIFYING OFFICIAL C.	INITIAL OF TRAINEE D.	EVALUATION OF TRAINING			
				SCORE OR HOURS E.	TYPE F.	FRE-QUENCY G.	DUE DATE H.
Disaster Preparedness	020520	*David Roth*	WGJ			A	030520
LINK Program	020602	*David R Mchenson*	WGJ			A	030602
LOAC	020606	*David R Williamson*	WGJ			A	030606

NAME OF TRAINEE (Last, First, Middle Initial)	GRADE	UNIT AND OFFICE SYMBOL
Jones, William G.	E4	98 MDG/SGNE

AF FORM 1098, 19850401 (EF-V2)   PREVIOUS EDITION WILL BE USED.

Attachment 3

SPECIAL TASK CERTIFICATION AND RECURRING TRAINING

TASK OR RECURRING TRAINING AND TECHNICAL REFERENCES A.	DATE COMPLETED B.	SIGNATURE OF CERTIFYING OFFICIAL C.	INITIAL OF TRAINEE D.	EVALUATION OF TRAINING			
				SCORE OR HOURS E.	TYPE F.	FRE-QUENCY G.	DUE DATE H.
QTP 4N0X1-1 Mod 2 Orthostatic vital signs	020501	*David R Mall*	WGJ	P		A	030501
QTP 4N0X1-1 Mod 11 Medication administration	020512	*David R Mall*	WGJ	P		A	030512
QTP 4N0X1-13 Mod 7 Synchronized cardioversion	020615	*David R Mall*	WGJ	P		A	030615
QTP 4N0X1-14 Mod 4 Assist with upper endscopy exam	020719	*David R Mall*	WGJ	P		A	030719

NAME OF TRAINEE (Last, First, Middle Initial) Jones, William G.	GRADE E4	UNIT AND OFFICE SYMBOL 98 MDG/SGNE

AF FORM 1098, 19850401 (EF-V2)   PREVIOUS EDITION WILL BE USED.

Attachment 4

SPECIAL TASK CERTIFICATION AND RECURRING TRAINING

TASK OR RECURRING TRAINING AND TECHNICAL REFERENCES A.	DATE COMPLETED B.	SIGNATURE OF CERTIFYING OFFICIAL C.	INITIAL OF TRAINEE D.	EVALUATION OF TRAINING			
				SCORE OR HOURS E.	TYPE F.	FRE-QUENCY G.	DUE DATE H.
Legal Issues in Nursing (Capt Reese)	020523	*David R Mills*	WJ	1 hr			
Pediatric Preoperative Care (Maj Fowler)	020525	*David R Mills*	WGJ	1 hr			
Nebulizer Treatment (TSgt Collins)	020610	*David R Mills*	WGJ	1 hr			

NAME OF TRAINEE (Last, First, Middle Initial)	GRADE	UNIT AND OFFICE SYMBOL
Jones, William G.	E4	98 MDG/SGNE

AF FORM 1098, 19850401 (EF-V2)   PREVIOUS EDITION WILL BE USED.

Attachment 5

ON - THE - JOB TRAINING RECORD
CONTINUATION SHEET

14 Feb 02

SrA Jones is assigned to the Medical/Surgical ward on this date. SSgt Miller has been assigned as a trainer for SrA Jones. SSgt Wilson will orient SrA Jones to the unit using the Medical/Surgical orientation checklist dated 17 Mar 01 located in the Master Training plan (MTP). An initial interview was accomplished on this date. Amn Jones enjoyed his hospital orientation and is looking forward to the unit orientation. He expressed concern on meeting previously scheduled appointments while under the unit orientation. I informed him that time to attend his appointments would be scheduled as needed. SrA Jones stated that his goals during the orientation process were to learn as much as possible and to ask questions as necessary.
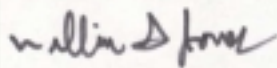
William G. Jones, SrA
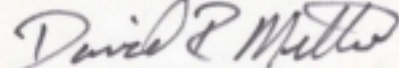
David R. Miller, SSgt, Medical/Surgical Ward

27 Feb 02

A mid-orientation progress checklist was completed on this date. SrA Jones has progressed through the Medical/Surgical orientation checklist dated 17 Mar 01 with no difficulty noted. He has completed his review of unit-specific OIs and has begun reviewing hospital OIs The remainder of his orientation will be completed on night shift beginning 28 Feb 02.
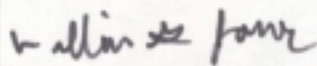
William G. Jones, SrA
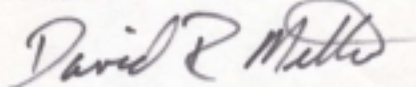
David R. Miller, SSgt, Medical/Surgical Ward

12 Mar 02

SrA Jones has completed orientation training. A review of all applicable checklists with him indicates he is knowledgeable of all items discussed. SrA Jones stated he feels comfortable with his training and believes he is ready to be released from orientation. I recommend that SrA Jones be released from orientation on this date.
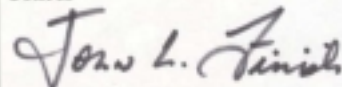
William G. Jones, SrA
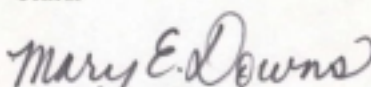
David R. Miller, SSgt, Medical/Surgical Ward

Concur

John L. Finish, MSgt
NCOIC, Medical/Surgical Ward

Concur

Mary E. Downs, Capt
OIC, Medical/Surgical Ward

LAST NAME - FIRST NAME - MIDDLE INITIAL
Jones, William G.

AF FORM 623A, 19790301 (EF-V2)   PREVIOUS EDITION WILL BE USED.

Attachment 6

ON - THE - JOB TRAINING RECORD
CONTINUATION SHEET

INITIAL BRIEFING
(Trainee Upgrade Training)

SRA William G Jones has been briefed on the On-Job-Training (OJT) program and how he/she fits into the program while in upgrade training (UGT). UGT was explained as a dual-channel process designed to qualify an airman for skill-level upgrade. Dual-channel OJT is a systematic reportable application of self-study and the craftsman/apprentice principle. Trainees acquire job qualification while performing on the job supervision. The combination of knowledge and job position qualification constitutes the dual-channel concept. Requirements from AFIs 36-2101, 36-2108, and 36-2201 were covered. AF Forms 623a, 623b, 797, 1098, and the CFETP, which serves to make up the individual training record, were explained. Responsibilities of the commander, base training, unit education and training manager (UETM), immediate supervisor, trainer, and trainee were discussed. Career Development Courses (CDCs) were briefly discussed and will be explained in detail upon arrival. Requirements for upgrade in AFSC 4N0X1 are: (1) Satisfactory completion of CDC 4N051A and 4N051B, (2) supervisor certification of job qualifications with adequate hands-on training, (3) completion of appropriate 7-level course, attainment of minimum rank required for skill-level upgrade, and (4) supervisor recommendation for upgrade. All 4N0X1s in 3-, 5-, and 7-level (regardless of rank) will have a 623b which contains the CFETP (also applies to those 9-levels who maintain their NREMT certification due to duty position). The STS portion of the CFETP contains many separate tasks, however, annotation must be shown to indicate only those tasks the airman will perform in his/her current duty position, all AFI 36-2108 mandatory requirements for upgrade, and all core task requirements. A space is provided in the STS for both the supervisor and the trainee to initial when training is completed. After upgrade, the STS will continue to be used to document further qualification training.

William G Jones /23Jcl 02
Trainee Signature/Date

David R Miller 23July 02
Supervisor Signature/Date

LAST NAME - FIRST NAME - MIDDLE INITIAL
Jones, William G.

AF FORM 623A, 19790301 (EF-V2)   PREVIOUS EDITION WILL BE USED.

Attachment 7

115

ON - THE - JOB TRAINING RECORD
CONTINUATION SHEET

TRAINEE'S RESPONSIBILITIES DURING UPGRADE TRAINING (UGT)

1. Read and understand your Air Force Specialty (AFS) description, training requirements, objectives, and individual training record (AF Form 623b).

2. Budget time (on and off duty) for timely completion of CDCs. Keep all CDC materials for future reference and study.

3. Attain and maintain qualifications in your AFS.

4. After CDC briefing, trainee will do the following (read and initial):

   a. Read "Your Key to a Successful Course."

   b. Make all required course corrections and return entire package to supervisor.

   c. When issued the first volume, read and study the volume and complete all self-test and unit review exercises (UREs).

   d. Supervisor will check all self-test questions and UREs for completeness/accuracy. Correct all incorrect responses.

   e. Supervisor will issue ECI form 34 (Field Scoring Sheet) for answers to be transcribed from the URE. UREs are teaching devices and must be administered as open book exercises. All scores less than 100 percent require review training.

   f. Minimum acceptable training consists of correcting incorrect responses, reading the appropriate area from which the question was taken, and a verbal question and answer session.

   g. Upon successful completion of the first volume, the supervisor will issue the second volume. The process described above must be followed until completion of the entire course.

   h. Upon completion of the last volume of the course, the supervisor will immediately begin a comprehensive review process of the entire course with the trainee in order to prepare for the Course Exam (CE).

   i. Questions regarding CDC course content must be addressed to the CDC writer. Three methods are available: (1) Email, (2) DSN, and (3) ECI Form 17, Student Request for Assistance. Email and DSN are recommended, as these facilitate a quicker response. The CDC writers contact information is included in each CDC volume.

5. Review and discuss training requirements with supervisor regularly. Provide input on your training and ask questions when necessary.

6. Upon satisfactory completion of career knowledge training, position qualification, and mandatory requirements listed in AFI 36-2108, your supervisor will initiate your upgrade action.

William S. Jones /23Jul02
Trainee Signature/Date

David R Mitts 23Fg02
Supervisor Signature/Date

LAST NAME - FIRST NAME - MIDDLE INITIAL
Jones, William G

AF FORM 623A, 19790301 *(EF-V2)* PREVIOUS EDITION WILL BE USED.

Attachment 8

ON - THE - JOB TRAINING RECORD
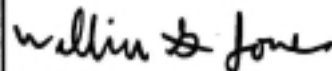## CONTINUATION SHEET

23 Jul 02

I know where to find a current copy of my Job Description/Performance Standards.

I have read, discussed with my supervisor, and understand my Job Description/Performance Standards.

I understand my duties and responsibilities for the position that I am currently working in.

If I have questions or concerns about my Job Description/Performance Standards, I will seek assistance from supervisory personnel in my chain of command.

It is my responsibility to review my Job Description/Performance Standards with my supervisor with my supervisor annually and with each change in supervisor/duty.

William G. Jones, SrA

23 Jul 02

SrA Jones has completed his review of his Job Description/Performance Standards on this date. I am confident that he is thoroughly familiar with standards and expectations. At this time, SrA Jones has no questions or concerns.

David R. Miller, SSgt
OJT Trainer
Med/Surg Ward

LAST NAME - FIRST NAME - MIDDLE INITIAL

Jones, William G.

AF FORM 623A, 19790301 (EF-V2)   PREVIOUS EDITION WILL BE USED.

Attachment 9

Part 2: USAF Emergency Medical Technician (EMT) Registration Program for the 4N0XX Aerospace Medical Service Specialty

1. Initial Registration.

1.1. Initial EMT-Basic training for Aerospace Medical Service Apprentices is conducted as a part of the Aerospace Medical Service Apprentice Course (J3AQR4N031 003). Successful completion of the NREMT-B examination is mandatory for course graduation.

1.2. EMT-Basic training for Aerospace Medical Service Journeymen, Aerospace Medical Service Craftsmen, and (when required by the duty position) Aerospace Medical Service Superintendents is accomplished at the MTF level. Personnel who fail the initial NREMT examination will be given two additional attempts to successfully pass the examination within one year of the training class completion. Prior to the third attempt to pass the NREMT examination, personnel must successfully complete an EMT-Basic refresher course. Administrative action will be initiated IAW AFMAN 36-2108, Airman Classification, for all personnel who fail the third and final attempt to pass the NREMT-B examination.

1.3. Training deadlines.

1.3.1. All active duty Aerospace Medical Service Apprentices, Aerospace Medical Service Journeymen, Aerospace Medical Service Craftsmen, and (when required by the duty position) Aerospace Medical Service Superintendents will be certified as an NREMT-B (minimum).

1.3.2. As of 1 Oct 02, all Air Force Reserve and Air National Guard Aerospace Medical Service Apprentices, Aerospace Medical Service Journeymen, Aerospace Medical Service Craftsmen, and (when required by the duty position) Aerospace Medical Service Superintendents will be certified as an NREMT-B (minimum).

2. Re-registration.

2.1. Description of program.

2.1.1. This program follows National Registry of Emergency Medical Technicians (NREMT) guidelines for re-registration.

2.1.2. The program consists of a 24-hour EMT refresher course, 48 hours of continuing education (CE), and current BLS certification. See attachment 1 for a recommended EMT refresher training schedule.

2.1.3. Completing this program meets all requirements for re-registration of all NREMT-Basic personnel. 4N0X1s who are EMT-Intermediate or EMT-Paramedic will follow the NREMT re-registration guidelines to ensure their registration does not lapse.

2.2. EMT CE. The following guidance is provided for determining topics for EMT CE:

2.2.1. Any subject covered in the EMT-Basic National Standard Curriculum.

2.2.2. Other suggested topics:

2.2.2.1. Crime scene response.

2.2.2.2. Athletic injuries.

2.2.2.3. Hazardous Materials.

2.2.2.4. Crisis intervention.

2.2.3. Some modules of the Qualification Training Packages (QTPs) are also good for EMT CE. Completing the following 4N0X1 QTPs annually will equal 48 hours of EMT CE:

2.2.3.1. Volume 1, Module 2 - Orthostatic Vital Signs (1 hour).

2.2.3.2. Volume 1, Module 3 - Set-up Cardiac Monitor/Defibrillator (1 hour).

2.2.3.3. Volume 1, Module 4 - Perform 12 lead EKG (1 hour).

2.2.3.4. Volume 1, Module 5 - Identify Life-threatening Arrhythmias (2 hours).

2.2.3.5. Volume 1, Module 6 - Perform/Monitor Pulse Oximetry Oxygen Saturation (1 hour).

2.2.3.6. Volume 1, Module 7 - Collect and label blood from venipuncture (1 hour)

2.2.3.7. Volume 1, Module 10 - Use blood glucose meter (1 hour)

2.2.3.8. Volume 1, Module 11 - Medication Administration (3 hours).

2.2.3.9. Volume 1, Module 12 - Intravenous infusion (2 hours).

2.2.3.10. Volume 3, Module 1 - Hazardous Materials (3 hours).

2.2.3.11. Volume 3, Module 2 - Field Triage (3 hours).

2.2.3.12. Volume 3, Module 3 - Set-up Equipment for Cardioversion/Defibrillation/Pacemaker (1 hour).

2.2.3.13. Volume 3, Module 4 - Operate Auto/Semi-automated External Defibrillator (A/SAED) (2 hours).

NOTE: Personnel assigned to emergency services, acute care clinics, back-up/on-call ambulance crews, or nursing units utilizing AEDs on crash carts must accomplish AED qualification training every 90 days. All other Aerospace Medical Service personnel must accomplish AED qualification training annually. Documentation must be maintained for the past 12 months at all times.

2.2.3.14. Volume 3, Module 5 – Irrigate Eyes (1 hour).

2.2.3.15. Volume 3, Module 7 - Emergency Medication Administration (3 hours).

2.2.4. Any topic not listed above or within the EMT-B national standard curriculum must be approved by the USAF EMS Program Manager *__PRIOR__* to the offering date.

2.2.5. Successful completion of a select group of sections/division as outlined in the EMT-Intermediate and EMT-Paramedic National Standard curriculum. Those groups are:

2.2.5.1. Sections 1-8 of EMT-Intermediate curriculum.

2.2.5.2. Divisions 1-6 of the EMT-Paramedic curriculum.

2.2.6. Successful completion of National Standard courses listed below with specified number of hours may be applied:

2.2.6.1. Pre-Hospital Trauma Life Support (PHTLS) (16 hours).

2.2.6.2. Basic Trauma Life Support (BTLS) (16 hours).

2.2.6.3. Auto extrication (16 hours).

2.2.6.4. Emergency Driving (12 hours).

2.2.6.5. Dispatcher training (12 hours).

2.2.7. Department of Defense courses approved for EMT CE. Certain DoD courses are approved for EMT CE. A current list can be obtained from the USAF EMT internet link on the schoolhouse web page at https://webm.sheppard.af.mil/882trg/383/2content.html.

2.3. Responsibilities.

2.3.1. USAF EMS Program Manager:

2.3.1.1. Approves continuing education not listed as pre-approved above.

2.3.1.2. Notifies NREMT and EMT training sites of CE approval.

2.3.1.3. Provides guidance to NREMT and Course Coordinators on EMT CE within Air Force Aerospace Medical Service arena.

2.3.1.4. Investigates possible breeches of program integrity.

2.3.2. Medical Director: Responsible for overall management, maintenance, and integrity of local program.

2.3.3. EMT Course Coordinator:

2.3.3.1. Acts as liaison between students, medical treatment facility (MTF) executive staff, local medical community, and USAF EMS Program Manager.

2.3.3.2. Coordinates and/or conducts didactic and skills training for all assigned NREMT personnel.

2.3.3.3. Ensures all documentation on NREMT re-registration forms is complete and accurate before signing the training director line.

2.3.4. Supervisor:

2.3.4.1. Ensures each member has resources required for training and testing.

2.3.4.2. Reviews and ensures accuracy of documentation before re-registration form is submitted to EMT Course Coordinator for validation.

2.3.4.3. Works with EMT Course Coordinator and individual EMTs ensuring no lapse in registration.

2.3.4.4. Refers individuals to EMT Course Coordinator for remedial training when required.

2.3.4.5. Acts as liaison between EMT and EMT Course Coordinator.

2.3.5. EMT:

2.3.5.1. The EMT is ultimately responsible for successful completion of all training and testing requirements.

2.3.5.2. Completes all requirements for re-registration by NREMT ensuring no lapses in registration occur.

2.3.5.3. Works with supervisor and EMT Course Coordinator to ensure access to required training.

2.3.5.4. Ensures all tasks are properly documented in OJT record and on NREMT re-registration form. If using only 4N0X1 QTPs for EMT CE, document training on AF Form 1098, Special Task Certification and Recurring Training.

2.3.5.5. Requests remedial training when needed.

2.3.5.6. Ensures required funding and documents are forwarded with NREMT re-registration package.

2.3.5.7. Maintains integrity and success of program.

2.4. Documentation.

2.4.1. Re-registration documentation:

2.4.1.1. NREMT re-registration form will be used to submit continuing education to the NREMT.

2.4.1.2. The USAF EMT Refresher Course Completion Tracking Tool will be used to document EMT refresher training and will substitute for the course completion certificate (see attachment 2). The form will be submitted to NREMT with the NREMT re-registration form.

2.4.1.3. Proof of current BLS certification will also be attached to the re-registration form.

List of attachments:
1. USAF 4N0X1 EMT Refresher Program Schedule.
2. USAF EMT Refresher Course Completion Tracking Tool.

ATCH. 1: USAF 4N0X1 EMT Refresher Program Schedule

(Each session will be 3 hours in length unless otherwise specified)

<u>Month</u>	<u>Topic</u>
January	Module 6: Obstetrics, Infants, and Children
February	Module 4: Medical/Behavioral (Cardiac Emergencies)
March	Module 5: Trauma (Injuries to Head and Spine and Rapid Extrication)
April	Module 1: Preparatory
May	Module 2: Airway (2 hours)
June	Module 3: Patient Assessment
July	Module 4: Medical/Behavioral (General Pharmacology, Respiratory Distress/Allergic Reaction)
August	Module 4: Medical/Behavioral (Altered Mental status/Diabetes) (2 hours)
September	Module 4: Medical/Behavioral (Behavioral and Poisoning) (2 hours)
October	Module 5: Trauma (Bleeding and Shock) (2 hours)
November	Module 5: Trauma (Chest injuries abdominal injuries, amputations, and burns)
December	Module 5: Trauma (Bone and joint injuries) (2 hours)

Completion of this 12 month program constitutes completion of an EMT Refresher course. There should be skills included during the applicable sessions. A quiz will be successfully passed at the end of each session to show completion

ATCH. 2 USAF EMT Refresher Course Completion Tracking Tool
(REVISED JAN 2002)

Day	Date	Module	4 Day Crs Hours	Monthly Crs Hours	Printed Instructors Name
		Topic		**Score (P/F)**	**Instructor Signature**
		Module 1	1	2.5	
D		Preparatory			
A		MODULE 2	2	3.5	
Y		Airway			
		Module 3	3	3.5	
1		Patient Assessment			
		Module 4	2	Include with next Module	
		Respiratory Emergencies and Allergies			
		Module 4	1	3	
		General Pharmacology			
D		Module 4	3	3.5	
A		Cardiac Emergencies			
Y		Module 4	2	3	
		Altered Mental Status/Diabetic Emergencies, Behavioral Emergencies, Poisoning			
2		Module 5	2	2.5	
		Chest Injuries, Abdominal Injuries, Amputations and Burns			
		Module 5	2	2.5	
		Bleeding and Shock			
D		Module 5	2	2.5	
A		Bone and Joint Injuries			
Y		Module 5	2	2.5	
		Injuries to head and spine/Rapid Extrication			
3		Module 6	2	2.5	
		Obstetrics, Infants, and Children			
DAY		Written Examination			
4		Practical Examination			

Name	Rank
NREMT Number	**Expiration Date**

I certify the above person has completed all requirements for the EMT-Refresher course in accordance with U.S. Air Force and Department of Transportation standards.

_____   _____   _____
EMT Course Coordinator/Instructor   **Coordinator's Signature**   **AF EMT Site Code**

Part 3: Managing Training

1. Purpose.

1.1. The entire process of managing an effective training program centers on the supervisor.

1.2. Each supervisor must maintain accurate records that give a complete picture of the status of all training that they, as a supervisor, are responsible to oversee.

2. Monthly Training Checklist for Supervisors.

2.1. Using a checklist can assist the supervisor in managing an effective training program.

2.2. The following page contains a sample monthly training checklist for supervisors to use when managing training. The checklist is designed to address areas that apply to any/all trainees that are placed under the supervision of the supervisor. The sample may be altered as needed to reflect the items deemed important for monitoring on a monthly basis.

MONTHLY TRAINING CHECKLIST FOR SUPERVISORS

REQUIREMENT	INITIALS
APPOINTMENTS	
Notify those who have been scheduled for ancillary training appointments, etc.	
NEW AIRMEN	
Conduct initial evaluation of knowledge and skills.	
Document initial evaluation on AF Form 623a.	
AF FORM 623	
Review cover of AF Form 623. Make any necessary changes.	
Note any open training requirements and ensure training is accomplished or scheduled on each. (Work with the trainer on this. Remember...it is the supervisor's responsibility to ensure training is being conducted).	
Certify or decertify qualifications when applicable.	
Document visits, counseling, etc. on AF Form 623a.	
CAREER DEVELOPMENT COURSES (CDCs)	
Distribute any new CDCs. See AFI 36-2201 (attachment 3) for CDC administration procedures.	
Ensure training is progressing satisfactorily according to assigned schedule.	
When the last volume has been completed, request scheduling of the Course Examination (CE) from the Unit Education Training Manager (UETM).	
Document progress, visits, counseling's, etc. on AF Form 623a.	
FORMAL SCHOOLS	
For individuals requiring formal schools, ensure they have planned accordingly ahead of time.	
Ensure formal school prerequisite requirements are met when applicable.	
For further information go to: https://etca.randolph.af.mil	
TRAINERS AND CERTIFIERS	
Ensure trainers and certifiers have been appointed in writing by the commander.	
Ensure trainers and certifiers have attended appropriate trainer/certifier courses.	
SUPERVISORS MEETINGS	
Attend all supervisors meetings conducted by the UETM. (Send representative if unable to attend personally).	
UPGRADE TRAINEES	
Notify the UETM in writing of any individuals who have had their AF Form 623 signed off on all training items, have met time requirements, completed CDCs, or completed formal schools when applicable.	
OTHER	